Vision Screening Tests:

Observation is how the eyes appear upon visual inspection.
□ PASS □ DID NOT PASS

Visual Acuity is the sharpness of vision in each eye. Your child was screened using the **VIP 5 foot crowded Lea Chart.**

Right eye: □ PASS □ DID NOT PASS

Left eye: □ PASS □ DID NOT PASS

The Stereo Smile test will indicate if your child's eyes are working well together. This is called **binocular vision**.
□ PASS □ DID NOT PASS

Vision Screening Results:

□ Your child **PASSED** the vision screening and nothing more needs to be done at this time. (*Remember, a vision screening is designed to detect the most common vision problems in young children, but it cannot detect all vision problems or diseases. A screening does not take the place of a comprehensive eye exam performed by an optometrist or ophthalmologist. If you still have questions or concerns, please seek the advice of an eye care professional.)*

□ Your child **DID NOT PASS** the vision screening. (See next page for the steps that you need to follow to help your child).

□ Your child was **UNABLE TO BE SCREENED** for the following reason:
_____
_____

Dear Parent/Guardian:

Your child just had his/her vision screened. Vision screenings are used to find children who are at high risk for possible vision problems. **Vision screenings do not take the place of a complete eye exam by an optometrist or ophthalmologist**.

Young children with vision problems do not know the way that they see the world is not the way they should be seeing it! Without early detection and treatment, children's vision problems can lead to permanent vision loss and learning difficulties.

If your child **did not pass** the vision screening today, it is important that you follow up and schedule your child for a complete eye exam. **Steps to follow:**

1. Schedule an eye exam for your child with an optometrist or ophthalmologist in your area. If you need assistance finding an eye doctor, please reference the next section, "Find an eye doctor near you". It may take 3-6 weeks to get an appointment, which is ok.

2. Do not miss the appointment because it will take just as long to reschedule the appointment. Take this paper with you to the eye exam and give it to your doctor. Also be aware that some first appointments can take up to as long as 2 hours. Bring books and toys that will keep your child occupied.

3. Ask the eye doctor to fill out the back of this form and return it to the school. This information is important to school staff/teachers that will support you and your child if further treatment is prescribed. Also, ask for a copy of the exam results/treatment plan for your own records.

Find an eye doctor near you:
If you do not already have a family eye care professional, first contact your health/vision insurance provider. You can also find one in your area by contacting the following state associations or search Ohio Medicaid Services:

Ohio Ophthalmological Society: 614-527-6799, www.ohioeye.org.

Ohio Optometric Association: 800-999-4939, www.ooa.org.

Ohio Medicaid Services: 800-324-8680, http://ohiomh.com/ProviderSearch.aspx

Record of Examination

Dear Eye Care Professional,

This child was screened by a Prevent Blindness certified vision screener. Please help us evaluate this program by completing and returning this form to us via fax at the number listed below. All examination results are confidential and for statistical use only. Fax Number:_____

Exam date:_____ □ New Patient □ Previously Diagnosed

Child's Name _____

Doctor's Name _____

Diagnosis:
□ Normal Vision
□ Amblyopia
□ Strabismus
□ Refractive Error:
□ Myopia
□ Hyperopia
□ Astigmatism
Other_____

Treatment:
□ Glasses Prescribed
□ Constant wear
□ For near only
□ For distance only
□ Patching: # hours per day _____
□ Re-examination:
□ 6 months
□ 12 Months
□ Other_____

Parent Consent for Release of Information:
I authorize Dr. _____ to release my child's exam results to _____ (name of school).

Printed name: _____

Signature: _____

Date: _____

Vision Screening Results For:

_____
Name of Child

_____
Date of Screening

_____
Location of Screening

Training for Preschool Vision Screenings Provided by:

Prevent Blindness®
Our Vision Is Vision®

For more information call 1-800-301-2020 or visit our website at www.pbohio.org

Visit WiseAboutEyes.org for information on eye health and safety for children.

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save our Sight™
KEEPING KIDS' EYES HEALTHY

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