

## VISION SCREENING

ATTENTION PARENT: The Vision and Hearing Screening Program requires that every child have an eye examination or an approved vision screening test prior to or within 120 days after entry into a Texas licensed child-care facility or school.

SCHOOL NAME \_\_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_  
 CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_  
 PARENT'S NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

The tests conducted to evaluate your child's vision are screens; they are not diagnostic. This means that if the child fails a screen, it is necessary for your child to be evaluated by a vision specialist, an ophthalmologist or an optometrist, to determine whether there is a vision problem. It also means that on some occasions a vision problem may exist that the screens will not identify.

### \*\*VISION SCREENER REPORT \*\*

#### DISTANCE ACUITY SCREEN:

1 <sup>st</sup> Screen:      DATE _____ With Correction: <input type="checkbox"/> Yes <input type="checkbox"/> No  Chart Used: Letter <input type="checkbox"/> Right Eye 20/ "E" <input type="checkbox"/> Left Eye 20/ H:O:T:V Machine <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	2 <sup>nd</sup> Screen:      DATE _____ With Correction: <input type="checkbox"/> Yes <input type="checkbox"/> No  Chart Used: Letter <input type="checkbox"/> Right Eye 20/ "E" <input type="checkbox"/> Left Eye 20/ H:O:T:V Machine <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	<u>COMMENTS/OBSERVATIONS</u>

#### REFERRAL TO AN EYE CARE SPECIALIST (OPHTHALMOLOGIST OR OPTOMETRIST) DUE TO:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Distance Acuity Test<br><input type="checkbox"/> Hirschberg Corneal<br>Light Reflex Test<br><input type="checkbox"/> Cover and Uncover<br>Test | <input type="checkbox"/> Observable Signs or<br>Symptoms<br>_____<br>(describe)<br><input type="checkbox"/> Parent/Doctor Request | <input type="checkbox"/> Other:<br>_____<br><input type="checkbox"/> Unscreenable |
|---|---|---|

Screener: \_\_\_\_\_ Medical Facility: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_