

# Student Eye Screening Form

This important screening is free and performed annually in public schools statewide. Typically **all students in each class are screened**. This form provides important information for the screening and follow-up, though the screening normally may be done without it. **If you do not want your child screened**, see the instructions under "1" below.

**PLEASE PRINT CLEARLY**

Use the common first name the child goes by in the classroom.

**1 Child's...**

First Name

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Last Name

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Teacher


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Age

Gender M/F

Grade

For Office Use

If for some reason you do not want your child screened, please **write "NO"** and **sign your name** in this box   
 Otherwise, please continue with the items below.

**2** Has child ever been examined by an **eye doctor**?  Yes  No

If **Yes**... About how long ago? \_\_\_\_\_ What was result? \_\_\_\_\_

Does child have glasses or contacts?  Yes  No Do they normally wear them? \_\_\_\_\_

*If child has glasses, please bring them to the screening.*

Do you know or suspect any eye problems not mentioned above (describe)? \_\_\_\_\_

**3** Please provide the contact information below to allow Sight Savers America, the state-designated assistance agency, to contact you directly if your child has a possible problem.

Parent/Guardian's Name \_\_\_\_\_ Child's birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City, State Zip \_\_\_\_\_

Cell phone ( ) \_\_\_\_\_ Work, home or other phone ( ) \_\_\_\_\_

Email address \_\_\_\_\_

**Please do not fold, staple or tear this form.**

**See other side for screening program information**

**IMPORTANT NOTE:** This eye screening is based on a process that is **screening** in nature, and **not** diagnostic. Screening is intended to identify, with a reasonably high probability, subjects with a wide range of eye problems who should seek the services of an eye care professional for examination, diagnosis, and corrective recommendation. As with any screening process, there is no assurance that all problems it is intended to detect will be detected. Also, there are eye problems that are not normally detected by this screening process, including diseases affecting the retina and optic nerve, glaucoma, some astigmatisms, and color blindness.

**No screening process is a substitute for full examination by a qualified eye care professional.**