Student Eye Screening Form

This state-sponsored statewide screening program has been done annually to identify possible vision problems and to help assure children are able to see well in the classroom. This free service is typically provided to **all students in each class, with or without this form**. 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.

For Office Use

1 Child's…

First Name

Last Name

Teacher

Age

Gender M/F

Grade

*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? _____

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 _____

Phone: Day (____) _____ Evening (____) _____ Cell (____) _____

Results are returned on this form.
Please do not fold, staple or tear.

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.