

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

Last Name

Teacher

Gender

Age

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

Phone: Day ()

Evening ()

Cell ()

Please do not fold, staple or tear.

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.