Children’s Vision Screening Results Form

Screening Tool Used: Chart Plus-Optix SPOT Sure Sight

Name: ________________________________ Age: ________________

Do you wear glasses/contacts?  Do you have them with you today?

☐ Yes  ☐ Yes
☐ No   ☐ No

Your Child’s Results

☐ Passed and nothing more needs to be done at this time.

☐ Did not pass the vision screening.

Under 6 (circle eye referred):  Right or Left

Over 6: Right Eye: 20/___  Left Eye: 20/___

☐ The vision screening instrument detected a possible problem.

Observations: __________________________________________

If your child did not pass the vision screening, please read the follow-up instructions on the back of this form. We recommend you take your child to an eye doctor for a complete eye exam.

Please bring this form with you to your child’s eye doctor appointment.

Record of Examination

Dear Eye Doctor, this child was screened by a Prevent Blindness Wisconsin certified vision screener. Please help us evaluate this program by completing and returning/faxing this form to us at the address listed at the bottom. All examination results are confidential and for statistical use only.

History: ☐ New  ☐ Previously Diagnosed

Visual Acuity:

Uncorrected Right: 20/______
Left: 20/______

Corrected Right: 20/______
Left: 20/______

Diagnosis:

☐ Normal Vision
☐ Amblyopia
☐ Strabismus
☐ Refractive Error:

☐ Myopia
☐ Hyperopia
☐ Astigmatism
☐ Other: ______________

Treatment: ☐ Glass Prescribed  ☐ Other: ____________
IF YOUR CHILD DID NOT PASS THE SCREENING:

What you should do:
1. Make an appointment for your child with an eye doctor.
2. Contact Prevent Blindness Wisconsin at (414) 765-0505 if you have any questions.

Options for Follow-up Care:
1. If you have a private vision insurance plan - please check with your plan to find an eye doctor.
2. If you have BadgerCare Plus - please contact the BadgerCare Plus recipient hotline at (800) 362-3002 for a list of eye doctors covered under your plan.

If you have BadgerCare Plus – please see the HMO advocate for your managed care plan.

3. If you do not have a private vision insurance plan or BadgerCare Plus, Prevent Blindness Wisconsin can give you a VSP voucher that will cover an eye exam and a pair of glasses.

Please contact Prevent Blindness Wisconsin for an application if:
- Family income is at or below 200% of poverty level
- Child is not covered by Medicaid or any other vision insurance
- Child is 19 years old or younger and has not graduated high school
- Child or parent is U.S. citizen or documented immigrant with a social security number
- Child has not used a voucher during the last 12 months

Parent Follow-up is Important!

Young children with vision problems often are not aware that they see things differently than they should. A child’s eyes continue to develop throughout childhood and vision changes can happen at any time. Early treatment can save their sight, make an appointment for an eye exam today!