

# Children's Vision Screening Results Form

Date:
Site:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Screening Tool Used: Chart Plus-Optix SPOT Sure Sight

Name: \_\_\_\_\_

Age: \_\_\_\_\_

### Do you wear glasses/contacts?

- Yes
- No

### Do you have them with you today?

- Yes
- 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.

#### Normal screening results:

Age 6+: 20 / 32 in each eye

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.**

Child's Name \_\_\_\_\_ Exam Date \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Eye Doctor's Signature \_\_\_\_\_

I hereby authorize my child's results to be released to Prevent Blindness Wisconsin.

Parent/Guardian Signature \_\_\_\_\_



731 North Jackson Street  
Suite 405  
Milwaukee, WI 53202  
Phone: (414) 765-0505  
Fax: (414) 765-0377  
wisconsin.preventblindness.org

**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!



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