



Dear Parent or Guardian:

On _____, a letter was sent to notify you that your child, _____ did not pass the vision screening at school and should receive a professional eye exam by an eye doctor.

If your child has already received his/her eye exam, please share that information with me.

Thank you for making your child's healthy vision a priority! Please fill out the form below and return it to me.

Sincerely,

Lions / Lioness Club Date

School Name Telephone Number

- My child has an appointment on _____ for an eye examination with:
Doctor's Name: _____
- I need help planning or paying for an eye examination. Yes No
- My child had an eye exam on _____ (Date of Exam)
- Appointment results _____

• **Reminder – Please take this with you to your appointment**

Dear Doctor,
Please help us evaluate this program by completing and returning this form to the child's school nurse.

Child's Name: _____

Date of Exam: _____

The results were:

Normal Amblyopia Strabismus Refractive Error Hyperopia
 Astigmatism Myopia Other: _____

History: New Case Previously Diagnosed

Treatment: Glasses Patching Other: _____

Additional Comments: _____

Notes: _____

Doctor's Name: _____

Please return this Record of Examination to:

Questions?
Email: info@pbwi.org