

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 on the back of this brochure. All examination results are confidential and for statistical use only.

Child's Name _____

Doctor's Name _____

Phone Number _____

Exam Date _____

History:

_____ New _____ Previously Diagnosed

Visual Acuity:

Uncorrected Right 20 / _____

Uncorrected Left 20 / _____

Corrected Right 20 / _____

Corrected Left 20 / _____

Diagnosis:

- _____ Normal Vision
- _____ Amblyopia
- _____ Strabismus
- _____ Refractive Error:
 - _____ Myopia
 - _____ Hyperopia
 - _____ Astigmatism
 - _____ Other: _____

Treatment: _____ Glasses Prescribed
 _____ Other: _____

Eye Doctor's Signature: _____

Parent/Guardian Signature: _____

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



About Us

Founded in 1958, Prevent Blindness Wisconsin is a non-profit organization that improves the lives of children, adults and families through early detection of eye conditions to prevent blindness and preserve sight. On-going vision screening activities and state-wide public education lead to a lifetime of healthy vision.

Our Vision is for each Wisconsin resident to have healthy vision at every stage of life.



Please return this

Record of Examination to:

Child's School Nurse

or to:

Prevent Blindness Wisconsin
731 N. Jackson Street
Suite 405
Milwaukee, WI 53202

Phone: 414-765-0505

Fax: 414-765-0377

info@pbwi.org
wisconsin.preventblindness.org



Vision Screening Results for:

Child's Name and Grade

Date

Screening Location

Lion/Lioness Club



The mission of the Wisconsin Lions Foundation, Inc. is to serve by reaching, touching, and improving lives.

Screening Results

Your Child...

- Passed and nothing more needs to be done at this time.
- Passed with his/her glasses on.
- Did not pass with his/her glasses on. Contact your eye care professional for further evaluation.
(PreK-K) Right Left
(Age 6+) Right 20/ ____ Left 20/ ____
- Did not pass the vision screening. Please note the follow up instructions to the right.
(PreK-K) Right Left
(Age 6+) Right 20/ ____ Left 20/ ____
- Did not pass the vision screening. **The instrument-based screening tool detected a possible problem.**

Screeener comments/observations:

What if my child did not pass the screening?

What you should do:

- 1) Make an appointment for your child with an eye doctor.
- 2) Ask the eye doctor to complete the **Record of Examination** in this brochure and send/fax it to your child's School Nurse.
- 3) Bring a copy of this **Record of Examination** to your child's next visit with his or her pediatrician or family doctor.
- 4) Contact Prevent Blindness Wisconsin at (414) 765-0505 with any questions.



How often should my child receive a vision screening?

Between the ages of 3 and 6, children should have their vision screened each year.

Children should also have their vision screened at the ages of 8, 10, 12, 15, and 18.

- *Bright Futures, American Academy of Pediatrics*

Follow Up Care

Parent Follow Up is Important!

Without early treatment, children's vision problems can lead to permanent vision loss or learning difficulties.

Options for Follow Up Care

If you have a private vision insurance plan:
Please check with your plan to find a participating eye doctor.

If you have BadgerCare Plus:
Please contact Member Services at the phone number listed on the back of your HMO card to speak to an HMO Advocate and find an eye doctor.

If you do not have a private vision insurance plan or BadgerCare Plus:
Prevent Blindness Wisconsin may be able to give you a voucher that will cover an eye exam and pair of glasses. Please contact Prevent Blindness Wisconsin at (414) 765-0505 for a voucher application.