

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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