

## 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

Prevent Blindness Wisconsin provides free, direct, sight-saving services throughout Wisconsin.

Prevent Blindness Wisconsin has provided free vision screenings to more than 7 million children and adults statewide since our founding in 1958.



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Please return this  
Record of Examination to:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Screening Location

Founded in 1958, Prevent Blindness Wisconsin improves the lives of children, adults and families through early detection of eye conditions to prevent blindness and preserve sight.

# Vision Screening Results

## Your Child...

- Passed and nothing more needs to be done at this time.
- Passed with his/her glasses on.
- Was not vision screened today. Please ask for a vision screening at your next doctor appointment.
- Did not pass with his/her glasses on. Contact your eye care professional for further evaluation.
  - Right Eye       Left Eye
- Did not pass the vision screening. Please note the follow up instructions to the right.
  - Right Eye       Left Eye

The following observations were made:

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## What if my child did not pass the vision screening?

### What you should do:

- 1) Make an appointment with your child's pediatrician or family doctor. If recommended, make an eye exam appointment for your child with an eye doctor.
- 2) Ask the eye doctor to complete the **Record of Examination panel** in this brochure and send/fax it to Prevent Blindness Wisconsin.
- 3) Bring a copy of the **Record of Examination** after your child's eye exam to your child's next visit with their pediatrician or family doctor.



*If Prevent Blindness Wisconsin has not heard from you or your eye doctor after two months, we will contact you to find out the results of your child's eye exam.*



### 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 (Medicaid):

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:

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.