

STUDENT HEALTH SCREENINGS: CONFIDENTIAL VISION RESULTS FORM

<p>This year, the Oregon Department of Education (ODE) has contracted with the Oregon Lions Sight & Hearing Foundation (OLSHF) to administer a "Vision Screening Pilot Project" in this school and district. Each child in grades 1 through 8 will receive vision screenings to identify potential eye or vision problems. Vision problems affect one in four school children. Without early detection, vision problems can lead to permanent vision loss and/or learning difficulties. Vision screenings such as these provide an effective way to identify children who may need a comprehensive exam with an optometrist or other eye care professional.</p>	<p>INITIAL HERE:</p> <hr/> <p>Is the student wearing eyeglasses?</p> <p>YES NO</p>
<p>The "ABCs": While greeting the student, observe them for signs of vision or eye problems. If the child appears, behaves, or complains of a vision or eye problem, REFER the student for further care. <u>Appearance</u> signs include: crossed eyes, watering or red eyes, drooping eyelid, sties or infection, possible injury. <u>Behaviors</u> can include a rigid body, thrusting head forward or backward, tilting head, squinting or frowning, or excessive blinking. <u>Complaints</u> can include headaches, blurred or double vision, burning or scratchy eyes, unusual sensitivity to light.</p>	<p>Appearance/Behavior/Complaints:</p> <p>PASS REFER Pasó No Pasó</p>
<p>Distance Visual Acuity: Checks the student's distance vision using a 10 foot equivalent LEA symbol chart or an HOTV letter chart. Explain the screening to the child. Have the child cover their right eye using the paper cup. WATCH FOR PEAKING THROUGHOUT THE SCREENING! Ask them to read the right critical line, when complete, cover the left eye and ask them to read the left critical line. To PASS, the child must identify one more than half the symbols or letters in the critical line. Document the students results. The criteria for referral for <u>children 6 years or older</u>: if vision in either eye is worse than 20/30, the student should be referred for a comprehensive exam with an optometrist or other eye care professional.</p>	<p>Distance Visual Acuity:</p> <p>Right Eye: 20/_____ Left Eye: 20/_____</p> <p>PASS REFER Pasó No Pasó</p>
<p>Stereopsis Vision: This screening identifies eye conditions such as amblyopia, a condition characterized by poor or indistinct vision in one or both eyes. Place the polarized glasses on the child. After mixing up the cards out of the child's view, hold the cards 20 inches from the student's eyes. Ask the student to identify the card with the "E" symbol. Repeat. The student must identify the card with the "E" symbol 4 out of 6 times to PASS the screening. If they cannot, the student should be referred for a comprehensive exam with an optometrist or other eye care professional.</p>	<p>Stereo Vision: <i>Circle the number of times the student correctly identified the "E":</i></p> <p>0 1 2 3 4</p> <p>PASS REFER Pasó No Pasó</p>
<p>PediaVision "Auto-Refractor" Screening: As part of the "Vision Screening Pilot Project", the OLSHF will be checking a limited number of students vision using a machine known as the PediaVision Screener. This objective, non-invasive computerized system is a sophisticated vision screener. The student will be seated approximately 3 feet away from the machine. The machine will be pointed at the student, will take a moment to adjust and focus, and will take a digital image the child's eyes. The computer software processes the image in a matter of seconds. Using the measurements from the image, the machine can indicate the presence of a variety of eye and vision problems. This screening is intended to check the results of the manual screening process.</p>	<p>PediaVision: <i>If no results indicated, the child did not receive this screening.</i></p> <p>PASS REFER Pasó No Pasó</p> <p>A detailed results form of the PediaVision screening may be available separately. Contact the OLSHF directly for more information.</p>
<p>PLEASE NOTE: Thank you for this opportunity to serve your students, school and community. If any of the vision screenings provided to the child today indicates REFER, the OLSHF recommends the student receive a comprehensive exam provided by an optometrist or other eye care professional. Financial assistance may be available.</p> <p>For information or assistance referrals, please contact the Oregon Lions Sight & Hearing Foundation at info@orlions.org or call 1-800-635-4667.</p>	



— OREGON LIONS —
Sight & Hearing Foundation

Name: _____
Teacher: _____ VSPPID: _____
DOB: _____ Gender: _____
School: _____ Grade: _____

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Attention Parent or Guardian:

This year, the Oregon Department of Education (ODE) has contracted with the Oregon Lions Sight & Hearing Foundation (OLSHF) to administer a “Vision Screening Pilot Project” in this school and district. Vision problems affect one in four school children. Without early detection, vision problems can lead to permanent vision loss and/or learning difficulties. Vision screenings such as these provide an effective way to identify children who may need a comprehensive exam with an optometrist or other eye care professional.

The screenings are performed by community volunteers and are intended to discover obvious eye or vision problems. Because this is a screening and not an exam, even if all of the screening tests were passed, this does not guarantee your child is free from eye or vision problems. A yearly comprehensive eye exam is recommended for every child.

Each year, the Lions Clubs of Oregon and the OLSHF work with Oregon based schools to provide sight and/or hearing screenings to over 25,000 students. The results of this years efforts will be reported to the ODE and eventually the Oregon State Legislature. Any identifying information received regarding your student will be kept confidential throughout the duration of the project and will be securely destroyed upon the project’s completion.

Understanding the results:

Appearance/Behavior/Complaints: If the child appeared, behaved, or complained of a vision or eye problem, the student was referred for further care. Appearance signs include: crossed eyes, watering or red eyes, drooping eyelid, sties or infection, possible injury. Behaviors can include a rigid body, thrusting head forward or backward, tilting head, squinting or frowning, or excessive blinking. Complaints can include headaches, blurred or double vision, burning or scratchy eyes, unusual sensitivity to light.

Distance Visual Acuity: the student’s distance visual acuity was checked using a lighted box with a vision chart for a 10 foot equivalent lane. The student was asked to name the symbols or read the letters on the chart. If the vision in either eye screened was worse than 20/30 it is recommended that your child be referred for a comprehensive exam with an Optometrist or other eye care professional.

Stereopsis Vision: this screening checks if the student is using both eyes together effectively using “3D” cards. Primarily it is focused on identifying eye conditions such as amblyopia, a condition characterized by poor or indistinct vision in one or both eyes. If undetected and left untreated, amblyopia can lead to permanent vision loss.

PediaVision “Auto-Refractor” Vision Screening: As part of the “Vision Screening Pilot Project”, the OLSHF will be checking a limited number of students vision using a machine known as the PediaVision Screener. This objective, non-invasive computerized system may have been used to take a digital image your child’s eyes. The computer software processed the measurements from the image to indicate the presence of a variety of eye and vision problems. This screening was intended to check the results of the manual screening process.

- **If any of the results boxes on the right side of this page indicate REFER, that means that your child appears to need a comprehensive exam with an Optometrist or other eye care professional.**
- **If any of the results boxes along the right side of this page indicate PASS, that means that your child’s results were considered within the normal range.**
- **If any of the results boxes along the right side of this page ARE NOT MARKED, that means that your child did not receive that particular screening.**
- ***Si alguno de los cuadros de resultados a lo largo de la parte derecha de esta página indican que su hijo/a PASÓ el examen, significa que los resultados se consideran dentro del rango normal.***
- ***Si alguno de los cuadros de resultados a lo largo de la parte derecha de esta página NO ESTÁN MARCADOS, significa que su hijo/a no recibió ese examen.***
- ***Si alguno de los cuadros de resultados en el lado derecho de esta página indican DERIVE, significa que su hijo/a necesita un examen completo con un Optometrista u otro especialista del cuidado de los ojos .***

If you need financial assistance with a vision exam and your child is participates in the free or reduced lunch program, please contact us at 1-800-635-4667, or email us at info@orlions.org. For more information about your local Lions Clubs please call 1-866-623-9053.

INITIAL HERE:	
<u>Is the student wearing eyeglasses?</u>	
YES	NO
<u>Appearance/Behavior/Complaints:</u>	
PASS	REFER
Pasó	No Pasó
<u>Distance Visual Acuity:</u>	
Right Eye: 20/_____	
Left Eye: 20/_____	
PASS	REFER
Pasó	No Pasó
<u>Stereo Vision:</u>	
<i>Circle the number of times the student correctly identified the “E”:</i>	
0	1
2	3
4	
PASS	REFER
Pasó	No Pasó
<u>PediaVision:</u>	
<i>If no results indicated, the child did not receive this screening.</i>	
PASS	REFER
Pasó	No Pasó
<small>A detailed results form of the PediaVision screening may be available separately. Contact the OLSHF directly for more information.</small>	



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Name: _____
Teacher: _____ VSPPID: _____
DOB: _____ Gender: _____
School: _____ Grade: _____

OREGON LIONS SIGHT & HEARING FOUNDATION AND OHSU'S CASEY EYE INSTITUTE

Dilated Eye Exam Permission Form

Child's Name:	Date of Birth:	School and Classroom:
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Dear Parent/Guardian,

The Oregon Lions Sight & Hearing Foundation (OLSHF) and Casey Eye Institute are offering comprehensive dilated eye exams at no cost to a select group of students as part of the Oregon Department of Education Vision Screening Pilot Project.

The eye exam includes the use of eye drops to dilate the pupils. These drops make the pupils larger. The drops will make vision blurry and eyes sensitive to light. This is normal and will usually go away by the next day. These are tests that an eye doctor would normally do as part of an exam if your child went to an eye doctor.

The OLSHF is conducting a research study on the results of these eye exams.

If you agree to participate in this free eye exam, the results will be entered into a computer database. These results will help determine if vision screenings are effective or if they need to be changed.

The OLSHF and Casey Eye Institute will maintain the confidentiality of your child's information in accordance with all applicable state and federal laws and regulations. Any information that could identify your child and family will not be used without your permission and will be securely destroyed upon completion of the project.

ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

Please check YES and sign below if you would like your child to be considered eligible for this free dilated eye exam.

- YES, I give my consent** for my child to participate in this program.
(In order to participate, you must complete the medical history form on the reverse)
- NO, I do not give my consent** for my child to participate in this program.

Signature of parent or legal guardian

Date

Questions? Please contact Brenda Anderson or Mara Steen at 1-800-635-4667 or info@orlions.org.

This is a validation eye examination and does not establish an ongoing physician patient relationship.

OREGON LIONS SIGHT & HEARING FOUNDATION AND OHSU'S CASEY EYE INSTITUTE

EYE EXAM: YOUR CHILD'S MEDICAL HISTORY

Child's Name: _____ Child's Date of Birth: _____

Has your child seen an eye doctor in the past year? YES NO Eye Dr. Name _____Has your child ever worn glasses? YES NO For how long? _____Has your child ever complained of pain? YES NO Where? _____ Date of onset _____

List any allergies to medications _____

List all current medications, including vitamins and supplements _____

List any surgeries _____

Was your child premature? YES NO Birth weight _____ Complications? YES NODOES YOUR **CHILD** HAVE ANY PROBLEMS IN THE FOLLOWING AREAS?

Please check all that apply

YES NO

	YES	NO
Fever, unexplained weight loss or gain, tires easily		
Ear, nose, throat (hearing, sinus, ear tubes, nose bleeds, etc)		
Respiratory (asthma, pneumonia)		
Gastrointestinal (reflux, diarrhea, pain)		
Genital, kidney, bladder (urinary infections, pain)		
Skin (rashes, acne, warts, unusual birth marks)		
Muscles, bones, joints (arthritis, pain, swelling, lump)		
Neurological (seizures, weakness, delayed development, brain shunt, cerebral palsy)		
Behavioral (hyperactivity, depression, attention deficit, unusual anxiety)		
Endocrine (diabetes, thyroid, growth hormone)		
Blood (anemia, high cholesterol, poor clotting)		
Allergy/Immunological (hay fever, eczema, hives, autoimmune)		
Other?		

IS THERE **FAMILY HISTORY** OF ANY OF THE FOLLOWING PROBLEMS?

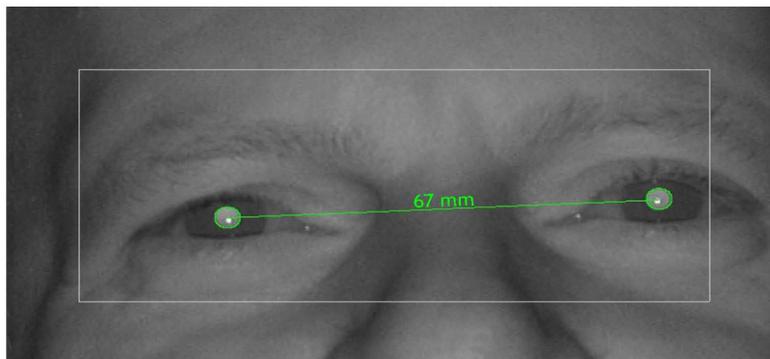
Please check all that apply

YES NO

	YES	NO
Crossed, wandering, or lazy eyes?		
Blindness?		
Need for glasses other than reading glasses?		
Glaucoma?		
Migraines?		
Family/Hereditary disease?		
Other?		

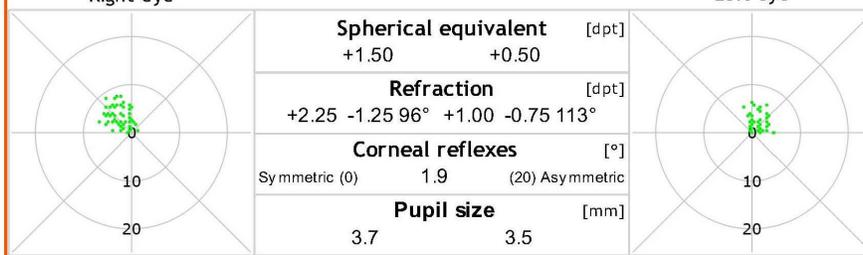
Vision Screening Result

Surname:
 First name:
 Date of birth:
 Date of measurement: 10/20/2010



Right eye

Left eye



Referral criteria

Refer

Anisometropia	Spherical equivalent ≥ 1.00 dpt	Yes
Astigmatism	Cylinder ≥ 1.50 dpt	No
Hyperopia	Spherical equivalent ≥ 1.50 dpt	Yes
Myopia	Spherical equivalent ≥ 0.75 dpt	No
Corneal reflexes	Asymmetry $\geq 10.0^\circ$	No
Anisocoria	Pupil size ≥ 1.0 mm	No

This measurement is part of an eye exam. Vision Screening does not replace a complete eye examination by an ophthalmologist or optometrist. Vision Screening must be conducted regularly as eyes may change over time.

Screening performed at:
 Oregon Lions Sight & Hearing Foundation
 1010 NW 22nd Ave., #144
 Portland, OR 97210
 (503) 413-7399