



**Alabama Lions Sight Conservation Association
Child Vision Screening Record**

Date _____
School _____

NOTE TO PARENTS: Alabama Lions Sight Conservation Association, in conjunction with the local Lions Club and/or partners will be conducting a vision screening at your child's school or preschool. This screening is a method for detecting possible vision problems. It is NOT a fully dilated eye exam. If your child is deemed to have failed the screening, you may be contacted by a representative from Sight Savers of Alabama or your local Lions Club to discuss the screening results and ensure that your child has proper access to care. Please assist with the screening by filling out the top portion of this form and returning back to the school. All children will be screened unless a parent chooses to opt out of the screening. If you would like more information, please contact the school or Alabama Lions Sight at (800) 96-SIGHT.

SECTION 1 (To be completed by Parent or Guardian)

I do not want my child to participate.

Child's Information
Last Name _____ First Name _____ Male Female DOB _____ Age _____
Phone 1 (____) _____ Phone 2 (____) _____
Address _____ Apt.# _____ City _____
State _____ Zip _____ County _____

Does your child wear glasses or contacts? yes no Glasses lost or broken?
If yes, please ensure child is wearing glasses or contacts on date of screening.
Does he/she wear them for: Distance vision Close-up vision Both
 Check if you already know your child has serious vision problems or an eye disease. _____ Explain _____
Has your child had an eye exam in the past 12 months? yes no
Have you noticed any abnormalities in your child's behavior such as squinting, excessive blinking, head tilting, etc. or has your child had complaints of nausea, dizziness, headaches, blurred vision, etc.? If yes, please explain:

Do you need financial assistance with eye care? yes no

SECTION 2 (To be completed by Vision Screener)

FIRST VISUAL ACUITY SCREENING - Screener Completes

Right Eye: 20/____ Left Eye: 20/____ Passing Line 3-5 years: 20/40
 Unable to screen 6 years+: 20/30
 Contacts or glasses worn Screener: _____

SECOND VISUAL ACUITY SCREENING - Screener Completes

Right Eye: 20/____ Left Eye: 20/____ Passing Line 3-5 years: 20/40
 Not necessary to screen 6 years+: 20/30
 Unable to screen
 Contacts or glasses worn Screener: _____

MUSCLE BALANCE - Screener Completes

First screening: Pass Fail
Second screening: Pass Fail
 Unable to screen Screener: _____

BEHAVIOR - Screener Completes

List any behavioral observations such as squinting, excessive blinking, head tilting, etc. _____

FOLLOW-UP - Screener Completes

Referred to Sight Savers?
 yes no

Referred to local Lions Club?
 yes no