IOWA
Health and
Human Services

Certificate of Vision Screening

Pursuant with Iowa Code Chapter 641.52
Return completed form to child's school

Student Information (please print)

Student's Last Name:_____ Student's First Name:_____

Student Address: _____ Zip Code:_____

Date of Birth (M/D/YYYY):_____ Parent/Guardian Phone Number:_____

Screening Information Vision testing requirements can be accomplished either through a screening (see below) or with a comprehensive eye exam (see other side). Screening provider must complete this section or parents may attach a copy of vision screening results given to them by a provider.

Date of Vision Screening: _____

Result (Please check): ☐ Pass ☐ Fail

Testing Method (Please check): ☐ Vision Screening ☐ Photo Screening ☐ Other

Visual Acuity (If available): ☐ With Correction ☐ Without Correction

Right Eye: _____ Left Eye: _____

Referral to Eye Health Professional (Please check): ☐ Yes ☐ No

Business Name/Source of Screening (Please print name of provider office; or name of school if provided by the school nurse): _____

Provider Name (please print): _____Phone:_____

Signature/Credentials of Provider: _____Date:_____

A parent or guardian of a child who is to be enrolled in a public or accredited nonpublic elementary school shall ensure the child is screened for vision impairment at least once before enrollment in Kindergarten **and** again before enrollment in the 3rd grade.

To be valid, a minimum of one child vision screening shall be performed no earlier than one year prior to the date of enrollment in Kindergarten and 3rd grade and no later than six months after the date of the child's enrollment in Kindergarten and 3rd grade.

Eye Exam Section

Pursuant with Iowa Code Chapter 280.7A

To the Parent or Guardian: The Iowa Optometric Association strongly recommends that to fully assess the health of your child's visual system and prevent future learning problems associated with undetected vision problems, regular professional eye exams are essential. Experts estimate that 80% of learning is obtained through vision. **If you choose to** take your child to an eye care professional for a comprehensive eye exam, this side of the form should be filled out and signed by the eye care professional and returned to your child's school nurse or teacher.

Visual Acuity	**At Distance**		**At Near**	
☐ Without correction	R20/	L20/	R20/	L20/
☐ With present correction	R20/	L20/	R20/	L20/
☐ With new correction	R20/	L20/	R20/	L20/

External Eye Health

☐ Normal ☐ Other

Internal Eye Health

☐ Normal ☐ Other

Vision Analysis

R	**L**	
☐	☐	Normal Eyesight
☐	☐	Nearsighted (Myopia)
☐	☐	Farsighted (Hyperopia)
☐	☐	Astigmatism
☐	☐	Amblyopia

☐ Eye teaming difficulty

☐ Crossed eyes (Strabismus)

☐ Eye focusing difficulty

☐ Sensitivity to light

☐ Other

Vision Correction Recommendations

☐ No correction necessary

☐ No change in present prescription

☐ New prescription needed

To be worn for:

☐ Constant Wear ☐ Near vision only

☐ Distance vision only ☐ As needed

To the Eye Care Professional: Please sign and date this card after the examination.

Dr. Name (Please Print) _____

Date_____ Signature_____

SUBJECT: Iowa's Child Vision Screening Law

Dear Parent/Guardian,

Did you know that good eye health can help your child be a better learner at school? Early detection and treatment of a visual impairment will also help them as they play. According to your child's school records, there is not a Child Vision Screening Certificate in their file, which means we need your help to schedule a vision screening as soon as possible.

Since 2015, the State has required students entering kindergarten and 3rd grade to provide proof of a Child Vision Screening Certificate to their school. The goal of the Child Vision Screening Law is to improve the eye health of children and your assistance is appreciated.

About the Child Vision Screening Certificate Form

- The front of the form can be completed by a doctor, a physician's assistant, an advanced registered nurse practitioner, a nurse, a school nurse, or volunteers with Prevent Blindness Iowa or Iowa KidSight and Lion's Club.
- The back of the form must be completed if your child receives a comprehensive eye exam from an eye doctor or ophthalmologist.

What to Do If Your Child Has Already Had a Screening

If your child had a screening and their school records are not updated to show this, provide proof of the screening as soon as possible.

- "Proof of the screening" can include a copy of your child's most recent physical, if a vision screening was provided, or
- A letter from your kid's eye doctor with the results of the vision screening, or
- A copy of the results of an Iowa KidSight/Lion's Club volunteer screening.

Remember, if your child has not had a vision screening, please schedule one as soon as possible.

Sincerely,

Amy Chebuhar MSN, RN
Iowa Department of Health and Human Services
Child and Adolescent Health/EPSDT Nurse Clinician

For help to translate or understand this, call 1-800-464-9484 (TTY: 711).
For help scheduling a vision screening, contact your child's school nurse.
Attachment: Child Vision Screening Certificate Form

Comm. 036 (02/24)

ASUNTO: Ley de Evaluación de la Visión Infantil de Iowa

Estimado padre/madre o tutor,

¿Sabía que una buena salud de los ojos puede ayudar a que su hijos aprendan mejor en la escuela? La detección temprana (o el tratamiento) de una alteración visual también puede ayudarlos en sus juegos. De acuerdo con el registro escolar de su hijo(a), no hay un certificado de evaluación de la visión infantil en su expediente. Esto significa que necesitamos su ayuda para programar una evaluación de la visión tan pronto como sea posible.

Desde 2015, el estado requiere que los estudiantes que ingresen al kínder y al tercer grado proporcionen prueba de un certificado de evaluación de la visión infantil a su escuela. La meta de la Ley de Evaluación de la Visión Infantil es mejorar la salud de los ojos de los niños y su asistencia será muy apreciada.

Acerca del formulario Certificado de evaluación de la visión infantil

- Llenar la parte delantera del formulario puede estar a cargo de un médico, un médico asistente, una enfermera registrada de práctica avanzada, una enfermera, una enfermera escolar o voluntarios de Prevent Blindness Iowa o de Iowa KidSight y el Lion's Club (Club de Leones).
- La parte de atrás del formulario se debe llenar si su hijo(a) recibe un examen integral de la vista por parte de un oftalmólogo.

¿Qué hacer si su hijo ya tuvo una evaluación?

Si su hijo ya tuvo una evaluación y su registro escolar no está actualizado al respecto, proporcione una prueba de la evaluación lo antes posible.

- “otra prueba de la evaluación”, como una copia del examen físico más reciente de su hijo(a), si incluyó una evaluación de la visión, o bien
- una carta del oftalmólogo de su hijo(a) con los resultados de la evaluación de la visión, o
- una copia de los resultados de la evaluación por parte de un voluntario del Lion's Club/Iowa KidSight.

Recuerde, si su hijo no se ha sometido a un examen de la vista, programe uno lo antes posible.

Atentamente,

Amy Chebuhar MSN, RN
Iowa Department of Health and Human Services
Child and Adolescent Health (Salud de los Niños y los Adolescentes)/Enfermera clínica EPSDT

Si desea ayuda para traducir o comprender esto, llame al 1-800-464-9484 (TTY: 711).
Si desea ayuda para programar una evaluación de la visión, contacte a la enfermera escolar de su hijo(a).

Adjunto: Formulario de Certificado de evaluación de la visión infantil