



DISTRICT 50 VISION SCREENING Parent Consent and Results Form



Club: _____

CONFIDENTIAL

School: _____

CONFIDENTIAL

Name:

Date: ___/___/___

Student Last Name, First Name NO NICK NAMES PLEASE PRINT

Parent Signature: _____

Parents
Please sign
and check
Yes or No.

Will your child participate in the vision screening? Yes No

Students MUST wear their glasses to the screening!

SY 2018-2019 PreSchool S12
Grade: _____ Room: _____ Age (Yrs): _____ Station: _____

Screening Results

Congratulations, your child has Passed the Vision Screening.

Your child did not pass the Vision Screening. Please continue reading

DISTANCE VA					PlusOptix S12 Results		
Age	3yr	4yr	5yr+	S12 - Yes	OD _____ OS		
Eye	50	40	32		_____ dpt	Sphere	_____ dpt
Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unable To Test	_____ dpt	Cylinder	_____ dpt
Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____	Axis	_____
	/ = Pass				_____ mm	Pupil	
	X = Did Not Pass				Pupil Distance		_____ mm
					Gaze		_____ mm

Aloha! Courtesy of your local Lions Club, your child received a Vision Screening in school and was unable to pass. This does not mean that s/he needs glasses, but it does mean that your child should be examined by an eye doctor to assure that s/he can see to learn. Any questions you have need to be directed at your eye care provider. They have the knowledge and expertise to handle your concerns.

Also courtesy of the Hawaii Lions, if you do not have medical insurance as determined by your eye care provider, the Lions will assist you with payment of the eye examination and a pair of glasses up to a combined value of \$150. Please contact your school who will be able to put you in touch with your Lions Club.

Thank you for your assistance and cooperation.