

# 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

Founded in 1958, Prevent Blindness Wisconsin is a non-profit organization that improves the lives of children, adults and families through early detection of eye conditions to prevent blindness and preserve sight. On-going vision screening activities and state-wide public education lead to a lifetime of healthy vision.

Our Vision is for each Wisconsin resident to have healthy vision at every stage of life.



Please return this  
Record of Examination to:

Child's School Nurse

or to:  
Prevent Blindness Wisconsin  
731 N. Jackson Street  
Suite 220  
Milwaukee, WI 53202

Phone: 414-765-0505

Fax: 414-765-0377

info@pbwi.org

wisconsin.preventblindness.org



## Vision Screening Results

For:

\_\_\_\_\_  
Child's Name and Age

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Lion/Lioness Club



The mission of the Wisconsin Lions Foundation, Inc. is to serve by reaching, touching, and improving lives.

# Screening Results

## Your Child...

- Passed and nothing more needs to be done at this time.
- Passed with his/her glasses on.
- Did not pass with his/her glasses on.
- Contact your eye care professional for further evaluation.
  - Right 20 / \_\_\_\_     Left 20 / \_\_\_\_
- Did not pass the vision screening. Please note the follow up instructions to the right.
  - Right 20 / \_\_\_\_     Left 20 / \_\_\_\_
- Did not pass the vision screening. **The instrument-based screening tool detected a possible problem.**

Screener comments/observations:

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# What if my child did not pass the screening?

## What you should do:

- 1) Make an appointment for your child with an eye doctor.
- 2) Ask the eye doctor to complete the **Record of Examination** in this brochure and send/fax it to your child's School Nurse.
- 3) Bring a copy of this **Record of Examination** to your child's next visit with his or her pediatrician or family doctor.
- 4) Contact Prevent Blindness Wisconsin at (414) 765-0505 with any questions.



## 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.