

HELP SAVE THE SIGHT OF A CHILD

Can your child see? Are you sure!

The first three years of life are critical in the development of good vision. Undetected and untreated problems during this early period can prevent proper development of the brain's binocular function, resulting in amblyopia or lazy eye. In fact, amblyopia is the leading cause of monocular blindness.

Most children between the ages of twelve and 72 months either never have their vision checked, or they are tested with a method that often fails to detect serious eye problems. Most children do not have their eyes tested until they enter school and are old enough to read an eye chart. By then, it may be too late for the most effective treatment.

A clinic without walls is coming to your area to do vision screening. Utilizing an auto-refraction of your child's eyes, the screening may determine the presence of eye disorders including far and nearsightedness, astigmatism, strabismus (crossed or misaligned eyes), anisometropia (unequal refractive power), and media opacities (i.e. cataracts). No physical contact is made with your child and eye drops are not necessary. This screening is approximately 85-90 % effective in detecting problems that can cause decreases in vision. You will receive your child's results from the Local Lions Club with either a pass or refer recommendation.

For more information contact your local Lions Club.

This Program is sponsored by the Lions Clubs International Foundation, Ohio Lions Inc, Ohio Department of Health, Prevent Blindness Ohio and your local Lions Club.

VISION SCREENING EVENT SCHEDULED FOR:

To: Parents

From: _____
(Nurse/Administrator)

Vision screening will be administered on _____
(Date)
at _____
(Location)

Why is it important to have your child's vision screened?

To identify if your child has, or might be at risk for, vision problems.

Vision screening will consist of any of the following:

1. Observation: Any appearance, frequent behavior, or complaints by the child that is heard or observed by the staff.
2. The screening with an auto refractor (the Welch Allyn SureSight) measures the refractive status of each eye.
3. Stereopsis test: A screening test to help determine how well a child's eyes are working together. It is often used to detect amblyopia (lazy eye).

If your child passes the vision screening, you may not be contacted by the school nurse. A vision screening provides only records how your child performs on the day the test was given. It is not a substitute for a complete eye exam by an optometrist or ophthalmologist.

If your child fails the screening, you will be informed of test results.

Please direct any questions to _____ at the following
Phone number _____

Thank You.

The Parent's to Do List

Our tests indicate that your child, _____ may have a vision problem which requires action on your part. By following these steps, you can greatly reduce the chance that this problem will permanently affect your child. Some insurance companies require that you contact your primary care physician before seeing a specialist.

Make an appointment for your child with an optometrist or ophthalmologist.

Take your child to the appointment. Please do not forget to take this form with you.

If your child is currently under care of an eye doctor you do not need to make an immediate appointment.

Finding an eye doctor

If you do not already have a family eye care professional, you can find one in your area by contacting the following state associations

Ohio Ophthalmologists Society 614-527-6799 www.ohioeye.org

Ohio Optometric Association 800-999-4939 www.oaa.org.

Resources for professional eye care and eye glasses: If you already receive **Medicaid**, your child is eligible for an eye examination and a pair of glasses (if prescribed) annually. Find out more at www.jfs.ohio.gov.

Ohio Department of Health Medical Specialty Clinics for Vision

A child under the age of 21 can be referred to a vision clinic for an eye exam if they meet the following criteria: an eye turn or pathology; a failed vision screening or parent or teacher concern. Glasses are not provided at the clinics, but referral programs are available. For more information go to Ohio Department of Health web site: <http://www.odh.ohio.gov/odhPrograms/cfhs/medspec/medspec1.aspx>

Healthy Start and Healthy Families is a free health coverage program for children from birth to age 19 who qualify based on family income. The Healthy Start and Healthy Families program covers vision services. For more information call 1-800-324-8680 to request an application for enrollment, or download an application at www.jfs.ohio.gov/OHP/consumer.stm

If you cannot afford to take your child to an eye doctor for an eye examination, you should contact your child's school nurse, the local health department or your child's primary health care provider for more information about the **Sight For Students** program which provides eye exams and eye glasses, if prescribed, to qualifying children.

OR CONTACT

Prevent Blindness Ohio 800-301-2020 or www.pb ohio.org

Ohio Lions 614-539-5060

Screening provided by **OHIO LIONS - District 13 - _____ Lions Club**

Vision screening training provided by Prevent Blindness Ohio "Our Vision is Vision", and Ohio Department of Health, Bureau of Child and Family Health Services, Save Our Sight Program

Pre-screening sheet

Club contact _____ Phone number _____

Address _____ City _____ ZIP _____

Club _____ Coordinator _____

Name of site _____

Date of screening _____ Time _____

Screeners _____

Approximate number of children _____

Name of eye care professionals who currently work with club or place of screening

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Send to regional coordinator

Equipment-Temporary Loan Form

District 13 _____

The following equipment has been loaned to: Club _____

Name _____

Address _____

Phone-Home _____

Cell _____

Email _____

Instrument Welch Allyn SureSight (WASS)

PASS 2

Date Loaned _____

Date returned _____

Received by _____

Received by _____

Vision Screening Cover Sheet

Vision Screening Sight Information

Date _____
Screening Site _____
Address _____
City and Zip Code _____
Contact person _____

Preliminary Screening results

Number of Children _____
Number referred _____
Length of screening _____
Instrument serial number _____

Lions Club Information

Lions Club _____
Contact _____
Address _____
City and Zip Code _____
Telephone number _____
Screeners _____

Please send this form to your regional coordinator

Letter to the staff of the screening site (sample below).

Ms: Ellen Smith
Our Lady Elementary 000
South Main Street
Columbus, OH 77777

Dear Ms. Smith:

On behalf of the Hometown Lions Club and the Ohio Lions Pre-School Vision Screening Program, I would like to thank you for your support of the vision screening program. I realize that you took valuable time from your day to help us conduct the vision screening.

Following are the results of the screening. Of the thirty-three children that were screened; three are being referred, and one we were unable to screen. For the child we were unable to screen I have contacted the Lion Member in your area who will call to schedule a retake screening. If you have any questions, please feel free to call me at (419 229-lion)

It is hoped that the Ohio Lions Pre-School Vision Screening Program will continue growing as a statewide program that offers all children access to quality eye care. With help from people like you, we can identify and treat children with vision problems before it's too late. Thank you once again for your time and support.

Sincerely,

Sample of Letter Returning Screening Results to Daycare or other screening facility contact

Acknowledgements

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Resources

Ohio Dept of Health - <http://www.odh.ohio.gov/>
OSU School of Optometry - <http://optometry.osu.edu/>
Ohio Optometric Association - <http://ohio.aoa.org/>
Prevent Blindness Ohio (PBO) - <http://ohio.preventblindness.org/>
Pediatric Ophthalmic Consultants - <http://www.pedseye.com/>
Louisiana Lions Cubsight Program - <http://lioneyes.org/programs/cubsight/>