

Child Information and Report Form #1

If you (DO NOT) want your child tested please write: (NO) Vision _____ (NO) Hearing _____ and fill in only child's name, leave rest of forms blank:



SCREENING FOR CHILDREN 3 YEARS OF AGE OR OLDER

Child's First Name: **(Print)** M/I Last name

Address:	City	Childs Birth Date	Age
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State: **Zip:** **Location** **Phone:**

.....Please do not write below.....

RESULTS AND INTERPRETATION:

SPOT	Sphere	Cylinder	Axis	SE
OD				
OS				

(Place Screening result Label here, if used)

 Pass: We are unable to detect a vision problem at this time. This screening is not a substitute for a complete eye exam. Consult your eye care professional if you suspect a vision problem.

_____ **Borderline:** Your child may have a mild refractive error (need for glasses) that does not need to be evaluated formally at this time. We recommend the child be re-screened by his or her pediatrician in one year, or sooner if you suspect a problem.

____ **REFER:** Your child should be examined soon because he or she may have the following condition that has the potential to cause poor vision in one or both eyes:

Strabismus (Crossed eyes) (Gaze problem)

Anisometropia (Difference between eyes; can cause poor vision in one eye).

Astigmatism (blurred vision from distortion of the cornea)

Hyperopia (High Farsightedness) (Can contribute to eye crossing)

_____ **Myopia (Nearsightedness)**

Unreadable Data or Unable to test

Comments: _____

HEARING TEST: **Right Ear:** Pass_____ Refer_____ _____ **Audiometer-(Maico)**
OAE /EroScan

Left Ear: Pass Refer

Unable To Test (reason)

If this exam shows your child is referred, please take him/her to see a doctor in your area. Any questions about these results, please call your Lions Club. (Rev.7/1/21)