

CONSENT FOR VISION SCREEN

Parent or Guardian CONSENT: Please sign: _____ date: _____

May these records be used ...for your confidential health records ___ No ___ Yes ...for medical education? ___ No ___ Yes

May we contact your child's Eye Doctor for Treatment information? ___ No ___ Yes

IDENTIFICATION (To be filled out by parent or Guardian)

Child's First Name: _____ Last Name _____ Child's Birth Date m ____ /d ____ /y ____

Parent's Name: _____
Address: _____
Town: _____, Alaska zip: _____

Address is stored for follow-up purposes only. You will not receive advertisements or requests for money.

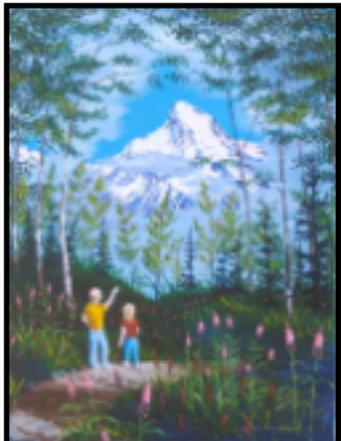
Phone: (907) _____ - _____ Alternate Phone: _____ - _____ Child's EYE doctor: _____

(Screener: Please Detach above and send to ABCD Coordinating Center)

Alaska Blind Child Discovery

A cooperative, charitable research project to vision screen every preschool Alaskan

Vision Screening



ABCD has been objectively photoscreening Alaska's children since 1996, with the help of the 49 Lions Clubs, PHNs, and other volunteers. Our goal, our "Mountain of a Project", is to eliminate amblyopia from Alaska. It begins with screening, then continues if needed with a prompt Confirmatory Follow up Eye Exam and Consistent Treatment.

Please see www.abcd-vision.org for more information.

This Screening has been provided by:

Empty box for providing the name of the screening provider.

Reasons for Vision Screening

Good adult vision must be learned during the first ten years of childhood. **Amblyopia** is a potentially curable disease of disrupted vision learning due to one or more of 6 possible problems: blocked images (cataracts or corneal scars), poor focus (myopia/nearsightedness, hyperopia/farsightedness, or astigmatism), unequal focus (anisometropia), or misalignment (strabismus –cross eye, wall eye). It occurs in 3-5% of children. Amblyopia treatment is most successful if started in pre-verbal children. Prior to photoscreening, this blinding condition has been difficult to detect.

Your child has been screened by a binocular, infrared autorefractometer called PlusoptiX SO4 that gives an estimate of your child's refractive error, eye alignment, and pupil size. This information can tell you whether your child needs additional follow up with cycloplegic refraction. Please note, however, that if your child consistently displays one or more Warning Signs (see back of paper), you should bring your child in for a complete eye exam.

PlusoptiX SO4 Interpretation Results:

(Note: This reading **SHOULD NOT** be used as a prescription for glasses.)

Pass Refer
Take this to your nearest convenient eye doctor for a Confirmatory Eye Exam.