



Date: 9/9/09 Location: Victory Sq Screener: TJE

Vision Screening Information Sheet and Consent Form
 Hoja de información de la evaluación de la vista y hoja de consentimiento

Child's Name: First Pedro Last Estevan
 Nombre del Niño Primer Nombre Apellido
 DOB: 8/22/05 Age: 3 4 5 Female Male
 Fecha de nacimiento Edad Femenino Masculino
 Mailing address: 1725 W. Adgway #13 City: Hermiston Zip: 90838
 Domicilio de correo Ciudad Código de postal
 Phone: 541 315-1928 Best time to call: AM PM English Speaking? Yes No
 Teléfono Mejor tiempo para llamar ¿Habla inglés? Si No

VISION SCREENING RESULTS: If child has prescription glasses, DO NOT SCREEN without them on.
RESULTADOS DE LA REVISIÓN DE LA VISTA: Si el niño usa anteojos recetados, no se hará la revisión sin los anteojos.
 Critical line is 20/40 for children between 3 and 6 yrs old.
 línea crítica es 20/40 para niños 3 años de 6 años.
 Right Eye: PASS FAIL Left Eye: PASS FAIL Random Dot E: PASS FAIL
 Ojo Derecho: PASO FALLO Ojo Izquierdo: PASO FALLO Punto al azar (Dot E): PASO FALLO

Recommendation:
Recomendación:
 Normal screen Comprehensive dilated eye exam Rescreen within 6 months
 revisión normal un examen completo de los ojos volver a revisar dentro de 6 meses

Many preschool aged children have vision problems, but it is not always obvious when a vision problem is present. These problems include lazy eye, crossed eyes and blurred vision caused by nearsightedness, farsightedness or astigmatism. Children who are referred after a screening frequently require treatment. If these problems are detected early enough, there is a good chance that the problem can be treated and won't become permanent.

The Elks Children's Eye Clinic in Casey Eye Institute at Oregon Health and Science University supports this Preschool Vision Screening Program as a public health service. Teachers, nurses and volunteers are trained to perform the screening. Simple tests are used to measure distance and depth perception.

The screening tests are NOT the same as having a complete eye examination. If the vision screening suggests that your child may have an eye problem, we strongly recommend that he/she see an ophthalmologist or optometrist for a comprehensive, dilated eye exam.

The Casey Eye Institute is conducting a research study on the results of these screenings. If you agree to participate in this research, the results of your child's vision screening will be entered into a computer database. We may also contact you to ask you if you have any questions or if you need help finding an eye care specialist for a complete eye examination. The results of that examination will also be added to the computer database. These results will help determine if the screening tests are good enough or if they should be changed. Casey Eye Institute will maintain the confidentiality of your child's information in accordance with all applicable state and federal laws and regulations. Any information that could identify your child and family will not be used without your permission. You will be given a copy of this consent form. ALL INFORMATION YOU GIVE WILL BE KEPT CONFIDENTIAL.

I GIVE MY CONSENT to the disclosure of the above information.
 DOY MI AUTORIZACIÓN para revelar la información mencionada arriba

I DO NOT GIVE MY CONSENT to the disclosure of the above information.
 NO DOY MI AUTORIZACIÓN para revelar la información mencionada arriba

Signature of parent or guardian / Firma del padre o guardián
Maritza Estevan

Date / Fecha
12/18/09

OHSU Casey Eye Institute • Elks Children's Eye Clinic Preschool Vision Screening Program
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 The Oregon State Elks Association generously supports the Preschool Vision Screening Program

Casey Copy - white • Head Start Copy - yellow • Parent/Guardian Copy - pink