



Date: ___/___/___ Location: _____ Screener: _____

VISION SCREENING INFORMATION SHEET AND CONSENT FORM

Hoja de información de la evaluación de la vista y hoja de consentimiento

Child Information	Contact Information
First name: <u>Pedro</u> <small>Nombre primer</small> Last name: <u>Esteban</u> <small>Nombre apellido</small> Date of Birth: <u>08 / 22 / 05</u> <small>Fecha de nacimiento</small> Age: <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <small>Edad</small> <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male <small>Femenino Masculino</small>	Mailing address: <u>421 South 2nd St</u> <small>Domicilio de correo</small> City: <u>Hermiston OR</u> Zip: <u>97838</u> <small>Ciudad Código de postal</small> Best way to contact: <i>La mejor manera de ponerse en contacto:</i> <input checked="" type="checkbox"/> Phone: <u>541-567-9421</u> <input type="checkbox"/> Email: _____ <input type="checkbox"/> Text message: _____ English Speaking? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>¿Habla inglés? Si No</small>

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 or assistance with the treatment plan. We will obtain the eye exam results and enter them into a 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. I do not give my consent to the disclosure of the above information.
Doy mi autorización para revelar la información mencionada arriba. No doy mi autorización para revelar la información mencionada arriba.

Signature parent or guardian / Firma del padre o guardián Juanita Estevan Date/ Fecha 7/15/09

VISION SCREENING RESULTS / RESULTADOS DE LA REVISIÓN DE LA VISTA	
If child has prescription glasses, DO NOT SCREEN without them on. Critical line is 20/40 for children between 3 and 6 yrs old. <small>Si el niño usa anteojos recetados, no se hará la revisión sin los anteojos. línea crítica es 20/40 para niños 3 años de 6 años.</small>	
FIRST SCREENING	SECOND SCREENING
Glasses? <input type="checkbox"/> Yes / Si <input checked="" type="checkbox"/> No / No	Glasses? <input type="checkbox"/> Yes / Si <input checked="" type="checkbox"/> No / No
Right Eye: Ojo Derecho	Right Eye: Ojo Derecho
Left Eye: Ojo Izquierdo	Left Eye: Ojo Izquierdo
Random Dot E: <input type="checkbox"/> PASS / Paso <input type="checkbox"/> REFER / Remita	Random Dot E: <input type="checkbox"/> PASS / Paso <input type="checkbox"/> REFER / Remita
Electronic Screening Device: <input type="checkbox"/> PASS / Paso <input type="checkbox"/> REFER / Remita	Electronic Screening Device: <input type="checkbox"/> PASS / Paso <input type="checkbox"/> REFER / Remita

RECOMMENDATION		
<input type="checkbox"/> PASSED <small>Aprobado</small>	<input type="checkbox"/> RESCREEN NEEDED (within 6 months) <small>Otra evaluación es necesaria: (Dentro de 6 meses)</small>	<input type="checkbox"/> TAKE CHILD TO AN EYE DOCTOR <small>Lleve al niño(a) a un oftalmólogo</small>

OHSU Casey Eye Institute • Elks Children's Eye Clinic Preschool Vision Screening Program

3375 SW Terwilliger Boulevard • Portland, OR 97239 • 503-545-8114 • Fax: 503-494-3361
 The Oregon State Elks Association generously supports the Preschool Vision Screening Program