



CONFIDENTIAL

DISTRICT 50 VISION SCREENING

Parent Consent and Results Form

Club: Koko Head Lions _____

School: Honolulu Waldorf _____



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Name: _____

Date: 00/00/2018

Student Last Name, First Name NO NICK NAMES PLEASE PRINT

Grade: _____ Room: _____ Station: _____

Parent Signature: _____

Will your child participate in the vision screening? Yes ____ No ____

Students MUST wear their glasses to the screening!

Screening Results

Congratulations, your child has Passed the Vision Screening.

Your child did not pass the Vision Screening. Please continue reading

	DISTANCE VA		
Age	3yr	4yr	5yr+
Eye	50	40	32
Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

/ = Pass

X = Did Not Pass

S12 - Yes

Unable To Test

PlusOptix S12 Results

OD		OS
_____ dpt	Sphere	_____ dpt
_____ dpt	Cylinder	_____ dpt
_____ mm	Axis	_____
_____ mm	Pupil	_____
Pupil Distance		_____ mm
Gaze		_____ mm

Aloha! Courtesy of your local Lions Club, your child received a Vision Screening in school and was unable to pass. This does not mean that s/he needs glasses, but it does mean that your child should be examined by an eye doctor to assure that s/he can see to learn. Any questions you have need to be directed at your eye care provider. They have the knowledge and expertise to handle your concerns.

Also courtesy of the Hawaii Lions, if you do not have sufficient medical insurance, the Lions will assist you with payment of the eye examination and a pair of glasses up to a combined value of \$150. Please contact your school who will be able to put you in touch with your Lions Club.

Thank you for your assistance and cooperation.