Visual Acuity Screening Letter

Dear Parent or Guardian:

The Utah Department of Health and the schools in our community strongly supports routine vision screening in schools as one of the easiest and most effective tools in detecting and providing referral for treatment of commonly occurring visual problems. The vision of students is vital, especially for classroom learning, so it is important to identify any barrier to learning that can be corrected.

Vision Screening is not a substitute for a complete eye exam and vision evaluation by an eye doctor. Therefore, if you are concerned that your child may be having eye problems, you should consult your family physician, ophthalmologist, or optometrist for further evaluation.

Some indications of possible eye problems are:

a. Double vision	e. Eye disorders
b. Excessive blinking, rubbing	f. Persistent redness
c. Drooping lids	g. Squinting
d. Blurred vision	

In compliance with State Law, Your child has had a visual acuity screening by a qualify vision screener.

Screening information:

Name (print first name and last name): ______________________________________ Date of screening: ________________________

☐ Your child was able to read the adequate line on the chart with each eye for his/her age.

☒ Your child was **NOT** able to read the adequate line on the chart with each eye for his/her age. It is recommended to take your child to receive a professional eye examination. Please take this form to be completed by the examining eye care professional and ***to be returned to the School Nurse***.

Upon completion of the eye exam please Fax or mail this form to 435-251-9258 Attention: School Nurse or mail to: Health Services, Washington County School District, 121 W. Tabernacle Street, St George, UT 84790

School:	**For questions please call:**
School Nurse:	

Report from Eye Specialist

Date: _______ Telephone:________________

☐ Glasses ☐ Recommended services from the Division of the Blind

Diagnosis: ____

Name of Eye Specialist: ______________________ Signature: ______________________