



Your child has been screened by a binocular, infrared autorefractometer device from Plusoptix that gives an estimate of your child's refractive error (glasses problem), eye alignment and pupil size. This information can tell you whether your child needs additional follow up with an eye doctor.

The criteria in the device is set up by age groups. It can detect myopia (nearsightedness), hyperopia (farsightedness), astigmatism (blurry focus), anisometropia (unequal refractive values in both eyes) strabismus (cross eye, misalignment) and anisocoria (different pupil size for each eye). Your child is either "passed" or "referred" with specific settings for each age group. "PASS" means the child was able to focus both eyes and align them when the photoscreener captured the images. "REFER" means the child was unable to focus and align their eyes at the time the images were recorded.

Good adult vision must be learned during the first ten years of childhood. We do the vision screening on your child to find potentially curable diseases that disrupt their vision so that they will have good adult vision.

The Lions of District 49A have dedicated themselves to eliminating amblyopia in Alaska. It begins with this screening then continues, if needed, with a prompt Confirmatory Follow-Up Exam with an eye doctor. Please note that if your child consistently displays one of the "Warning Signs" (see back of form) you should take them in for a complete exam. The Lions can provide financial assistance to make sure no Alaska child suffers from sight problems due to the lack of an exam or glasses.

The State of Alaska Division of Public Health recommends that ages 3, 4, 5, 6, 8, 10, 12, 15, and 18 should have distance or far acuity testing (the ability to recognize small objects at a far distance). We Lions now offer this test. Our Plusoptix device, along with hand-held charts, is used to give you a comprehensive distance acuity test result.

Does the student wear glasses or contacts? _____ Were glasses worn when screened? _____

Left eye acuity results: 20/ _____ Right eye acuity results: 20/ _____

Acuity Chart used for results: HOTV _____ Sloan _____ Lea Symbols _____

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.

Child's Name _____ Age _____

Parent/Guardian _____

This screening has been provided by the Lions of the District 49A Vision Team. By completing this form the parent/guardian gives the Lions permission to screen this child.

WARNING SIGNS IN CHILDREN'S EYES

Guidelines for childhood eye exams: The American Academy of Pediatrics and the American Association for Pediatric Ophthalmology and Strabismus agree that all children should have their eyes examined by the pediatric or family doctor: 1) at birth and 2) at regular check-ups with vision testing using verbal charts before school. We feel that at least one thorough exam by an eye doctor including cycloplegic refraction and dilated retina check should be done by the age of five even in children who do not show signs of eye problems. Photoscreening looks for all 6 major eye problems that can lead to amblyopia. If the screening indicates one of these problems, a complete, confirmatory eye exam is needed to begin treatment.

Urgent or more frequent eye exams are recommended if you observe one or more of the following:

Lack of fixation: After a few weeks of age, a normal baby should be able to look at your face and follow your eyes as you move from side to side. Even before that, a normal baby will quickly close both eyes when exposed to bright light

Jerking Eye Movements: As a baby begins to fix his/her eyes, they should rest steadily without jerking side-to side or up-and-down. Such persistent or intermittent eye movements called "nystagmus" can indicate brain dysfunction or subnormal visual potential

White Pupil: The pupil is the hole in the iris through which light enters the back of the eye and the retina. Under normal conditions, the pupils is black or it may appear reddish-orange in photographs. A white or discolored pupil can indicate a cataract or a life-threatening tumor in the eye

Slow or unequal pupils: The pupils should be round, roughly equal in size and each should get larger in the dark and smaller in bright light. Irregular pupils can indicate serious eye disease or abnormal development. Unequal or slowly reacting pupils may indicate retinal or brain disease

Excess Sensitivity to light: Called "photophobia," this can be caused by harmful inflammation in or on the eye or by an abnormally functioning retina

Redness: Inflammation and infection in or on the eye will cause the tiny blood vessels overlying the white sclera to dilate causing an injected, red appearance. A broken blood vessel on the eye ball may make a bright red blood blister which is usually not as serious unless caused by trauma

Drooping Lid: Abnormalities of the brain or tissue around the eye ball may cause one or both lids to droop (ptosis) or retract. Other children have a drooping lid at birth which may cause vision loss secondary to astigmatism

Misalignment: Days to weeks after birth, a baby's eyes should be aligned (most of the time) on interesting objects, near and far, left and right, and up and down. Any persistent misalignment called "strabismus" will usually cause vision loss (amblyopia) and may be due to nerve or brain problems

Head Tilt: When a baby's eyes are better aligned in one direction than another, a head tilt or head turn may result

Swelling around the eyelids: Lumps, changes in color or swelling around the eyes and lids can be caused by tumors or life-threatening infections

Pain or headache: Inflammation or high pressure in an eye can cause pain ranging from a dull ache to excruciating and radiating back to the rest of the head. In addition, the eyes may be involved in the cause or diagnosis of some other kinds of headache

Excess tearing: Blocked tear ducts are not the only cause of excess tearing. Serious inflammations, blurry vision and nerve problems are also possible reasons

Squinting or frequent blinking: Partially closed eyelids may produce temporary improvement in some types of blurry or double vision. Frequent blinking may occur with eye inflammation or allergies or with neurological disorders

Moving close to see: A baby's eyes can focus much closer than an adult's. However, children who persistently sit close to the TV, or who hold objects close to their eyes may have significant visual impairment

Large Eyes: Vision-robbing congenital glaucoma may cause very large eyes.

For more information on the Lions Screening Program see: <https://www.anchoragelionsvision.org/>