The LEHP children’s vision screening program is for screening purposes only.

It is critical that persons undergoing screening and/or their parents or guardians understand that this is NOT a substitute for a comprehensive eye examination.

It aims to identify ‘common vision problems’ and make a referral to an Optometrist or Ophthalmologist when required.

Vision screening and the spot vision screener is indicated for use by healthcare professionals or under the guidance of a healthcare professional to screen or evaluate individuals for potential refractive errors associated with poor vision.
The importance of eye testing

Children

Eye disorders are one of the most common long-term health conditions suffered by children. 1 in 5 Australian children have an undetected vision problem.

According to educational experts, as much as 80% of learning comes from the eyes. If a child can’t see clearly it can have a profound effect on their social and educational development.

Most children will accept vision problems and adapt to their poor sight. They rarely complain as they believe everyone sees the world like they do. Identifying and correcting issues early is paramount to a child’s ongoing development. Some common conditions can also become more difficult to treat as the child gets older.

When to get tested?

The Australia age-by-age recommendations for eye testing are as follows:

• **Newborns**: An eye examination is essential to detect any abnormality.

• **6-8 weeks**: Infants should be fixing and following their parents’ faces as a guide, and eye movements should be normal. Turned or crossed eyes require immediate examination by your GP, paediatrician, optometrist or ophthalmologist.

• **Preschool-aged children**: Eye screening or examination is critical for this age group for the detection of lazy eye or other causes of poor vision. Without testing these conditions are often undetected as there are few outward signs or symptoms.

  Optometry Australia recommends that children should have a full eye examination before starting school and regularly as they progress through primary and secondary school.

• **School-aged children**: In particular if a child has ongoing problems with reading, concentrating on near tasks, complains of difficulty seeing the board or watching TV, headaches or sore or tired eyes - an examination by an optometrist is required.

Medicare rebates cover part or the entire fee for regular eye examinations for Australians of all ages.

What screenings are performed by LEHP?

1. **Visual Acuity** - using a Lea 3m - 15 line Symbol Chart
2. **Colour Vision** - using a Quick 6 - Basic Colour Screening Book
3. **Depth Perception** - using a Stereo Fly Screening Tool
4. **Spot Vision Screener** - designed to screen for the following common vision problems:
   • Myopia (near sightedness)
   • Hyperopia (far sightedness)
   • Astigmatism (blurred vision)
   • Anisometropia (unequal refractive power)
   • Binocular Vision - Gaze - (eye misalignment)
   • Anisocoria (unequal pupil size)

An explanation of the screenings performed is located in Appendix 11a & 11b.

Screening is not a diagnosis but an indication that one of these conditions may be present and if so a complete eye examination by an eye health professional is strongly recommended.
‘Before’ Screening Procedure

Step 1 - Become an accredited screening facilitator
a) Ensure you have a ‘Working with Children’s’ or State equivalent certificate. b) Complete the online training program. c) Attend a face to face training conducted by LEHP Management. d) Participate in a practical screening session coordinated by a qualified facilitator.

Step 2 - Make contact
Contact your local preschools, schools and local community group organisers and establish if they currently have a children’s vision screening program in place.

Step 3 - Request permission to conduct screenings
A sample letter to the administrator is located in Appendix 1 & 2. If conducting screening within a school facility a Memorandum of Understanding (MoU) is provided in Appendix 3. The MoU needs to be signed by a member of your Lions Club and the administrator of the organisation for whom you are providing the service.

Step 4 - Contact local optometrists
Inform local optometrists of your intended activity and its proposed date. Ask if they would like referrals made directly to their business and / or if they would like to participate in the actual screenings.

Step 5 - Book screening equipment
Complete the vision screening equipment request form (Appendix 10) and send a copy as directed on the form.

Step 6 - Permission
Once a screening day has been confirmed - all participants must complete a disclaimer / permission form and pre-screening questionnaire. It is recommended that people already under regular care of an optometrist or ophthalmologist do NOT undergo vision screening.

School facility - a consent form and questionnaire must be sent home and completed by the child’s legal guardian (refer to Appendix 4a and 4b). No permission - no screening. Ensure these notes are sent out and returned well ahead of the organised screening day. It is also an opportunity to accompany this form with the LEHP children’s eye health brochure.

Community - when screening in a community environment a disclaimer needs to be signed by the child’s legal guardian prior to participation (refer Appendix 5).

Step 7 - Read
Read and gain an understanding of all screening equipment manuals and the LEHP children’s vision screening user instructions (Refer to Appendix 6a-6c and the user manual which accompanies the spot vision screener).

Step 8 - Be knowledgeable about the equipment and screening purpose
All screening equipment will produce scientifically validated results. You should completely familiarise yourself with how to conduct the screenings and how to operate the spot vision screening machine. Practice screening family and friends at home with a focus on people in the same age bracket as the targeted group. In regards to the spot vision screener, ensure you practice using the instrument in different lighting conditions to assess under what situations the instrument is likely to have limitations.

Step 9 - Environment considerations
When booking a room in which to conduct the screenings, ensure the location has controllable light (ability to adjust the brightness) and without direct light shining into the screening device.
‘During’ Screening Procedure

Step 1 - How to interact with participants
• Make it fun!
• Ensure the child being examined is aware it is not a test
• Never be alone in a room or confined space with a child.
• Have another Lion or administrator available to assist with managing participants waiting in line.
• Don’t have too many lined up at one time.
• Smile at the participant and make them feel comfortable
• Do not show frustration if a participant is not cooperating. If a screening is not able to be performed provide a referral to an optometrist.
• Always tell the participant they “did a great job”.
• Do not touch the participant.
• Give clear instructions as to what the test is doing (e.g. works a bit like a camera to see if your eyes are working well, it is quick, it doesn’t hurt and you can’t get anything wrong).
• If you give out stickers to a child you should hand it to them so the child can place it on him or herself.

Step 2 - Problem solving with the Spot Vision Screener
If the results are not what you expect:
• Be sure the child’s pupils are at least 4mm but not more than 8mm. The machine has a pupil size detector and will notify you when there is an issue with pupil size. If this occurs adjust the light brighter to achieve smaller pupils or darker to achieve larger pupils. If a valid measurement cannot be acquired a referral should be triggered.
• Be sure there are no direct lights shining on the front of the camera.
• Be sure the front of the camera is 1 metre (3.3 feet) from the participants eyes when conducting the screening. Start screening and slowly rotate the device upward to meet both of the subject’s eyes. Adjust your distance from the subject until both eyes are clear on the screen.
• Be sure the camera is level and squarely pointed at the child’s eyes at exactly the same height as their eyes. If the camera is tilted up or down, or twisted right to left it will be difficult to obtain a good reading.
• Be sure neither you nor the participant moves during the camera’s reading process. The participant and you only need to be still for 1 second, but both of you must be still.
• If the distance changes due to movement slowly rock forward or backward to achieve the correct distance. It sometimes helps to place paper foot prints, a mark on the floor where you want the participant to stand, or the participant may sit in a chair. Remember you must hold the camera at the height of the participants eyes – do not point it down to them. A blue screen indicates you are too close or too far from the subject.

Step 3 - Addressing questions
Properly answer questions from the participant or parent regarding the screening results without diagnosing.
• When you are asked why a child needs to be referred you cannot diagnose as you are not a registered health practitioner. The only thing you may say is that based on the guidelines provided or the standards built into the machine it is recommended that the child see an eye care professional for a complete evaluation.
• Do not enter into a debate on the merits of screening or the equipment used. If questioned, make it clear that it is not a comprehensive eye examination.
• Without indicating why a particular child failed the screening you may discuss the various conditions the screening detects and why they are important. Again DO NOT indicate why a child needs a referral. This is diagnosing.

Step 4 - Results
Individual participants need to receive a copy of their results. During the screening process the individual result slip travels with the child between assessments (Refer to Appendix 7a). Upon completion these results are entered onto the Individual Results letter (Refer to Appendix 7b). Once the information has been transferred all results slips need to be destroyed. If conducting screening in a school facility the method of distributing the individual results needs to be established (i.e. handed to the individual child following the screening or provided to the school administration for distribution in accordance with privacy legislation).

Step 5 - Recording data
You need to record data of those that were screened, including the number screened, number referred and the age group of the participants. Names or any other personal information should not be included with this information. A sample group data results sheet can be found in Appendix 8.

Step 6 - Photograph/Video Policy (community use only)
Permission needs to be provided by the school facility, parent/guardian or individual before any photographs or video are taken and especially published. Please ensure the LEHP ‘permission to use photograph / video’ waiver is signed before any photos or video are taken. A copy of the waiver can be found in Appendix 9.
‘After’ Screening Procedure

Sending information
A copy of the completed group data results sheet needs to be sent to the LEHP National Program Manager and if applicable to the school or community administrator.

Copies of all photographs and signed disclaimers / documents also need to be collated and sent to the LEHP National Program Manager.

Leah Evans
PO Box 433
Wahroonga NSW 2076
enquiries@lehp.org.au
1800 010 234

Returning the equipment
A special ‘sensitive’ courier service is required to return the machine. Within one week of completion, contact your local coordinator who will assist with coordinating the safe return of the machine.
Dear ________________________________

The ________________________________ Lions Club together with the Lions Eye Health Program - Australia wishes to inform you that we now have the capability of performing comprehensive vision screenings for all children aged 3 years and older.

Members of our Lions club have been specifically trained to perform 4 vision screening assessments including:

1. **Visual Acuity** - using a Lea 3m -15 line Symbol Chart
2. **Colour Vision** - using a Quick 6 - Basic Colour Screening Book
3. **Depth Perception** - using a Stereo Fly Screening Tool
4. **Spot Vision Screener** - State of the art portable machine designed to screen for Myopia (near sightedness), Hyperopia (far sightedness), Astigmatism (blurred vision), Anisometropia (unequal refractive power), Binocular Vision (eye misalignment) and Anisocoria (unequal pupil size).

The individual screening takes just a few minutes to perform. There is no physical contact made with the child and no eye drops are administered. We provide an individual result sheet which can either be handed directly to the child or given to your school administration for on forwarding to the legal guardians/parents.

We will provide parent information, consent forms and pre-screening questionnaires to be sent home to the parents / legal guardians prior to the screening date.

It is important to understand that this is only a screening and does not constitute an examination or diagnosis of vision problems.

This service is offered free of charge by the local Lions Club under a program provided by the Lions Eye Health Program - Australia. If the children at your facility do not currently receive regular eye screenings, please contact me to discuss how and when we can provide this vital service.

Over 80% of what children learn is processed through their eyes. Untreated eye conditions can affect a child's learning ability and self-esteem. It is estimated 1 in 5 children in Australia have undetected vision problems. Screening tests can help identify children who may require further eye review/testing.

I look forward to hearing from you. I can be reached at ________________________________

Yours Sincerely,
Dear _______________________________________________

The ________________________________________________ Lions Club together with the Lions Eye Health Program - Australia wishes to inform you that we now have the capability of performing comprehensive children’s vision screening for children aged 3 years and older.

Members of our Lions club have been specifically trained to perform 4 vision screening assessments including:

1. **Visual Acuity** - using a Lea 3m -15 line Symbol Chart
2. **Colour Vision** - using a Quick 6 - Basic Colour Screening Book
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We would be thrilled to offer this comprehensive screening service at your upcoming community initiative.

The individual screening takes just a few minutes to perform. There is no physical contact made with the child and no eye drops are administered. We provide an individual result sheet which can be handed directly to the child and/or legal guardian/parents.

We will also provide and ask participants and or legal guardians/parents to sign a disclaimer prior to taking part.

It is important to understand that this is only a screening and does not constitute an examination or diagnosis of vision problems.

This service is offered free of charge by the local Lions Club under a program provided by the Lions Eye Health Program - Australia. It is a great opportunity to offer complimentary screening for those in your community who do not currently receive regular eye screenings.

If you would like our club to provide this service or if you have any further questions please do not hesitate to contact me at_____________________________

I look forward to hearing from you.

Yours Sincerely
MEMORANDUM OF UNDERSTANDING:

Between the (Lions Club) __________________________________________ operating under the Lions Eye Health Program - Australia, and the (School Facility) ________________________________________________________
to perform Vision Screening for children registered at the facility on (Date) ________________________________

The Lions Club will perform 4 vision screening assessments including; Visual Acuity, Colour Vision, Depth Perception and Spot Vision Screening. A results sheet will be administered per individual and provided to the School Facility for individual distribution, unless informed otherwise. General group results will also be provided to the School Facility.

The facilitating Lions members will comply with all school policies and procedures as advised by the facility. The Lions members are covered by Lions Australia Public Liability Insurance - a certificate can be presented upon request.

The School Facility will distribute consent forms and a pre-screening questionnaire (provided by the Lions Club) to all parents/legal guardians and ensure that signed forms are on hand prior to the screening.

The School Facility also will ensure that a member of their staff will be present in the screening room whenever children are being screened.

Signed:

(For the Lions Club) ________________________________               (For the facility) ________________________________

(Name) ________________________________               (Name) ________________________________

(Position) ________________________________               (Position) ________________________________

(Date) ________________________________               (Date) ________________________________
Appendix 4a - Parent Consent Form (school)

Dear Parent/Guardian(s),

Free vision screening is being offered by __________________________ Lions Club in conjunction with the Lions Eye Health Program - Australia for ______________________(group) at our school.

Over 80% of what children learn is processed through their eyes. Untreated eye conditions can affect a child’s learning ability and self-esteem. It is estimated 1 in 5 children in Australia have undetected vision problems. Screening tests can help identify children who may require further eye review/testing.

Members of the Lions club have been specifically trained to perform 4 vision screening assessments including:
1. Visual Acuity - using a Lea 3m -15 line Symbol Chart
2. Colour Vision - using a Quick 6 - Basic Colour Screening Book
3. Depth Perception - using a Stereo Fly Screening Tool
4. Spot Vision Screener - State of the art portable machine designed to screen for Myopia (near sightedness), Hyperopia (far sightedness), Astigmatism (blurred vision), Anisometropia (unequal refractive power), Binocular Vision (eye misalignment) and Anisocoria (unequal pupil size).

The individual screening takes just a few minutes to perform. There is no physical contact made with the child and no eye drops are administered. Individual reports will be distributed by the school at the completion of the assessment and/or handed to the individual following the screening. If a vision problem is detected, this will be written on the child’s result sheet and you will be encouraged to seek a further eye assessment with an eye health professional.

Screening will be available on: ______________________________________________________________________

If you would like your child to participate in this vision screening program, please complete the permission slip and return to the school office by ______________________

Kind Regards,

_____________________________________________________________________________________________________

CHILD’S NAME:______________________________________________

I, ____________________________, give consent for _________________________________ Class_______________
(Parent/Guardian Name) (Child’s Name)

to participate in the free vision screening program conducted by __________________________ Lions Club. I acknowledge that the screening is not a full eye examination and is unlikely to identify every eye problem which a full eye exam might identify.

I, ____________________________, give consent for _________________________________ Class_______________
(Parent/Guardian Name) (Child’s Name)
to be photographed for the use of LEHP-Australia publications such as newsletters and websites.

Signature of Parent/Guardian(s):_______________________________________________________________________

Email Address:_____________________________________________________________________________________

Please tick if you do not wish for your child’s results to be communicated with the school
Appendix 4b
Vision Screening Questionnaire

You have requested for your child to participate in a vision screening program at __________________________________________ (insert school name). To ensure that your child is included in this important health check, please answer the questions below and return this form, along with the signed permission slip, to the school as soon as possible.

**PERSONAL INFORMATION**

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**1. LAST EYE TEST**

When did your child last have their eyes examined by an optometrist or ophthalmologist?

- [ ] Less than 1 year ago
- [ ] 1 to 2 years ago
- [ ] More than 2 years ago
- [ ] Never

**2. SPECTACLES?**

Does your child wear spectacles (or contact lenses)?

- [ ] No
- [ ] Yes - all the time
- [ ] Yes - for looking in the distance only (school board, television etc.)
- [ ] Yes - for reading only
- [ ] Yes - sometimes please specify____________________________________________________

**3. HISTORY**

Has your child ever had any of the following conditions?

- [ ] A squint (one eye turns in or out)
- [ ] A lazy eye (one eye is significantly weaker than the other)
- [ ] Any form of eye disease (other than minor infections or hay fever)

**4. FAMILY HISTORY**

Does anyone in the child’s immediate family -

- [ ] Wear spectacles (or contact lenses) other than just for reading?
- [ ] Have a squint (one eye turns in or out)?
- [ ] Have a lazy eye (one eye is significantly weaker than the other)?
- [ ] Suffer from any serious eye disease (please specify below)

**5. SYMPTOMS**

Does your child -

- [ ] Have any problems seeing in the distance, for example seeing the board from the back of the classroom?
- [ ] Have any problems seeing to read, i.e. do the words go blurred or doubled?
- [ ] Suffer from frequent headaches (two or more per week)?
- [ ] Have any other problems with their eye that you think that we should know about (Please specify below)

**6. OTHER INFORMATION**

Please add any other information here

**Yellow responses:** Child should be excluded and recommended they consult an optom or ophthal or return to their existing practitioner as recommended by them. Sample letter found in Appendix 4c.

**Green responses:** Child may participate in screening however results sheet needs to identify - further assessment required due to pre-screening questionnaire answers.
Thank you for your interest in the LEHP- Australia children’s vision screening program.

Your answers to the vision screening questionnaire have identified that your child has participated in an eye examination by an optometrist or ophthalmologist within the past twelve months.

We recommend that your child does not participate in the scheduled vision screening initiative and continues regular eye examinations with their current eye care professional.

Thank you
Disclaimer

I understand that:

The LEHP Children’s Vision Screening is intended to help detect vision problems. However, I am aware that:

This vision screening is not a substitute for an eye exam performed by a qualified eye care professional and is not intended to diagnose or treat any vision problem.

The screening results should not be relied upon as a substitute for an examination and advice from a qualified eye care professional.

The Lions Eye Health Program are not responsible or liable for any advice, diagnosis, or any other information that may be obtained from the screening results. You should use other resources, particularly your doctor, or eye care professional to check the information.

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Appendix 6a - Visual Acuity Lea Chart Screening Instructions

**Purpose of test**
How sharp is the vision at longer distances? This is called distance visual acuity.

**Method…..**
Place a mark on floor 3 metres from the chart  
Centre of chart is to be at head height for the average child being examined.  
Requires good room lighting but watch for reflections on the chart.  
May be used in presence of other children but if a child is easily distracted it is  
best to perform the test without other students nearby. Perhaps more than 3  
meters away.

With **two** eyes, start with the largest symbols to give the child some confidence and  
and to determine what the child calls each symbol (eg heart or apple.)

Test the top two lines in this way. Your pointer should not cover symbols but be  
clear which symbol is pointed to. Perhaps hold the pointer, a dark thick pen for  
example, directly above or below the symbol.

Cover **one** eye, the child may hold hand over eye but be aware of child peeking  
through fingers. If preferred hold an occluder over the eye.

From the third line test two symbols each line for the next four lines then check 5  
symbols for the next two lines ending on the 6/12 line which is 10mm high.

**No need to go to smaller symbols.**

**Refer if child misses 1 of the 10mm (6/12) symbols with either eye.**

Optometrist: R Jackson
Appendix 6b - Colour Vision Screening Instructions

**Purpose of test**
Does the child perceive colour as most people do?

**Method**
Can be conducted in the same room as the other tests.

Examiner to be seated or standing 1 metre in front of child

Requires good room lighting but watch for glare on the chart.

May be used in presence of other children but if child wishes or is distracted, do the test without peers present.

Test to be conducted with both eyes open.

If child reads a letter wrongly the plate may be checked twice.

Ask for child’s response to the charts  **Demo to 7**

**Doesn’t pass if two plates are misinterpreted.**

(Chart 8 - basic colour chart, is not required, Card 8 tests for a blue yellow loss, rare in the absence of eye disease. Expected responses are written on the back of this chart. The Basic colour chart could be used to check the amount of confusion a colour blind person experiences but is not for screening purposes).

*Note: Avoid using the term ‘colour blind’. Instead explain that a person perceives colour differently to other people.*

Optometrist: R Jackson
Appendix 6c - Depth Perception Fly
Stereo Screening Instructions

Purpose of test
An aid in assessing the binocular function of the eyes at near tasks
This is called stereo acuity.

Method

Requires good room lighting but watch for glare on the chart.

May be used in presence of other children but if child wishes or is distracted, do the test away from other children.

The test is conducted with two eyes open with the polarising spectacles worn.

Ask the child if they see the fly standing out from the page, perhaps have the child pick up the wings.

Ask which animal stands out from its box, this can be verbal but most children will try to pick up the animal.

Refer if the fly is not seen as standing out or if the animal is missed on the bottom line (after slight encouragement).

Correct answers  A  Cat   B  Rabbit  C  Monkey
The circle chart is used to better define the extent of any stereo anomaly but is not required for our purposes. Try testing yourself with one eye closed to see the effect of having loss of 3D vision!

Optometrist: R Jackson
## Appendix 7a - Individual Results Slip

**Example**  
Facilitator use only

<table>
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<tr>
<th>Name:</th>
<th>Chart:</th>
<th>Colour:</th>
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Vision Screening Report

To the parents / guardians of ___________________________________________ Date _____________________

Your child underwent vision screening today at ______________________________________________________

The screening evaluates vision clarity and eye co-ordination. It is however a screening and not a complete eye examination. Comprehensive eye checks are advised at least every 2 years throughout your child’s school life.

Results

On the basis of your child’s vision screening, the current results have been categorised as:

☐ **Passed** - The vision screening did not detect any problems in the areas that were assessed. Comprehensive eye checks are advised at least every 2 years throughout your child’s school life.

☐ **Further Assessment Required** - On the basis of the results today we recommend that you arrange for your child to have a comprehensive vision examination with an optometrist or ophthalmologist. Results that were found to be outside normal limits were:

  ☐ Visual Acuity - The sharpness of vision or ability of the eyes to distinguish the details and shapes of objects.

  ☐ Colour Vision - Ability to identify a range of colours on differing backgrounds

  ☐ Depth Perception - Ability to determine distances between objects and see the world in three dimensions.

  ☐ Refractive Error – When light does not focus perfectly onto the back of the eye, often resulting in blurred vision. Types of refractive error include short-sightedness (myopia), long-sightedness (hyperopia) astigmatism and anisometropia (a difference in refractive error between the eyes).

  *Administrator to tick the condition/ (s) which were identified.*

  ☐ Binocular Vision (Gaze) – The ability to use both eyes as a team. For example Strabismus where the eyes are not parallel.

  ☐ Anisocoria - A difference in pupil sizes.

  ☐ Unreadable Result - Spot Vision Screener unable to make a satisfactory reading

  ☐ Pre-screening questionnaire - identified child experiencing symptoms possibly associated with vision problems.
## Appendix 8 - Group Data Results

Date: ___________________________  Location: ___________________________

Facilitator: ___________________________  Age Group: ___________________________

<table>
<thead>
<tr>
<th>All measurements in range</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Complete Eye Examination Recommended</strong></td>
<td></td>
</tr>
<tr>
<td>Visual Acuity</td>
<td>Total</td>
</tr>
<tr>
<td>Colour Vision</td>
<td>Total</td>
</tr>
<tr>
<td>Stereo Depth Perception</td>
<td>Total</td>
</tr>
<tr>
<td>Myopia (near sightedness)</td>
<td>Total</td>
</tr>
<tr>
<td>Hyperopia (far sightedness)</td>
<td>Total</td>
</tr>
<tr>
<td>Astigmatism (blurred vision)</td>
<td>Total</td>
</tr>
<tr>
<td>Anisometropia (unequal refractive power)</td>
<td>Total</td>
</tr>
<tr>
<td>Binocular Vision (gaze) - (eye misalignment)</td>
<td>Total</td>
</tr>
<tr>
<td>Anisocoria (unequal pupil size)</td>
<td>Total</td>
</tr>
<tr>
<td><strong>Unreadable</strong></td>
<td>Total</td>
</tr>
</tbody>
</table>

## Summary of Results

Total Number Screened ________________________________

Total Number Referred ________________________________  Percentage: ________________

Total Number unreadable results: ________________________  Percentage: ________________
Permission to Use Photograph/Video

Subject: ____________________________________________

Location: ___________________________________________

I/We give consent to LEHP - Australia, its representatives and employees to use photographs and/or video of ________________________________ in connection with the above-identified subject.

I agree that LEHP – Australia may use such photographs and/or video for LEHP-Australia and/or Lions Australia internal publications such as newsletters, magazine articles, brochures, posters, presentations and web content.

I have read and understand the above:

Signature ___________________________________________________________

Parent or Guardian Signature (if persons under 18 years of age) ____________________

Printed name ________________________________________________________

Organization Name ___________________________________________________

Address ____________________________________________________________

Date _________________________________________________________________
### Appendix 10

**Vision Screening Equipment Request Form**

<table>
<thead>
<tr>
<th>Office Use Only</th>
<th>LEHP Representative:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved / Not Approved</td>
<td>Date: Signature:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name: ____________________________</th>
<th>Lions Club: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: ____________________________________________________________________________</td>
<td>___________________________________________________________________________________</td>
</tr>
<tr>
<td>Phone: ___________________________</td>
<td>Email: __________________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Name of Activity</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Location of Screening</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date of Screening</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Number of Participants</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Date you would like to receive screening equipment** ________________________________________________________________________________

**Return date:** ________________________________________________________________________________

When conducting vision screening - I will abide by the procedures set out in the LEHP Spot Vision Screener Manual.

<table>
<thead>
<tr>
<th>Name: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature: ________________________</td>
</tr>
<tr>
<td>Date: ____________________________</td>
</tr>
</tbody>
</table>

Please send completed form to:
Max Holmes
17 Buwa St Charlestown NSW 2290
bronglene@optusnet.com.au
Appendix 11a
Short Explanation of Vision Screening

A short explanation to participants in vision screening.

Vision Chart
"When the letters become small you seem to have a little difficulty seeing them. I suggest you have a further eye test."

Colour Vision
"You seem to perceive colours differently to most people. You may never have noticed this but it is worthwhile talking to an eye care professional."

Depth Perception
"Your eyes are not working perfectly together today"

Myopia (Short sighted)
"You have no problem seeing close things, but perhaps your long distance vision could be improved."

Hyperopia (Long sighted)
"You see clearly but your eyes have to focus harder to see."

Astigmatism
"Your eyes are a little out of shape. This may require correcting with glasses so a further test is recommended."

Anisometropia
"One eye is a little different to the other. This may require correcting with glasses so a further test is recommended."

Binocular Vision (Gaze) e.g. Strabismus
"Your eyes are not quite parallel when they are relaxed, so I recommend a further examination to see if this is significant."

Anisocoria
"Your pupils, the holes letting light into your eyes, seem to be different sizes. There can be many reasons for this and it is probably just the way you are."
Appendix 11b
Detailed Explanation of Vision Screening

A more detailed explanation to participants in vision screening.

Vision Chart

“When the letters become small you seem to have a little difficulty seeing them. I suggest you have a further eye test”

The reason may be optical (e.g., Myopia) or it may be a more serious fault in the eyes (e.g., lazy eye or opacity of the lens in the eye).

Colour Vision

“You seem to perceive colours differently to most people.”

Colour blindness is a bad expression, subjects who do not see colours as others do still see colours but e.g., tan and green colours may be confused. We will find one in ten boys with a colour vision perception different to most people. Girls have only 1 in 100 with vision loss as the colour gene is carried on the “X” chromosome, boys have one “X” chromosome, girls have two so both need to be “wrong in females.” One of the charts will define if the loss is red based (protanomoly) or green based (deuteranomoly), the red based is more significant in that stop lights and brake lights can be difficult to see, it may be difficult to work out which apples are ripe etc.

Depth Perception

“Good clarity of vision and good eye coordination are required to perceive the stereo effect.” Some young people find stereo a difficult concept and may miss seeing the stereo even though they have good binocularity and clarity of vision. That is why we say the word ‘today’ implying that on repeat the child may have “normal” stereo vision at another time and with other types of tests.

Myopia (Short sighted)

“You have no problem seeing close things, but perhaps your long distance vision could be improved.”

The myopic eye is a little too large for the optical surfaces of the cornea and lens behind the iris. A negative lens is required to push the focus back to the retina. When you read the nearness of the task pushes the focus back so writing is clear.

Hyperopia (Long sighted)

“You see clearly but your eyes have to focus harder to see.”

The eye is a little short so the subject has to “zoom” in forcibly to see. Because of the extra focussing effort, the subject has strain on the eyes especially at near. The extra need to focus can cause the eyes to converge, (see strabismus below)

For those over 45 years old, a related condition, (presbyopia,) means reading becomes difficult as the lens situated just behind the iris is losing its flexibility and the ring of muscles just behind the iris which is involved in focussing cant flex the lens to give the power needed for reading.
Astigmatism
“Your eyes are a little out of shape, this may require correcting with glasses so a further test is recommended.”
The eye should be round like a soccer ball, the astigmatic eye is more like an Aussie Rules football. When looked side on, the football has more curve up and down than it has horizontally. Vertical lines may be clearer than horizontals for example. The readout on “Spotty” may say e.g. 65 degrees, this means the more curved surface is aligned along the 65 degree axis.

Anisometropia
“One eye is a little different to the other, this may require correcting with glasses so a further test is recommended.”
This can be difference in myopia, hyperopia or astigmatism. One eye may be perfect in focus but the other needing glasses, a danger here is that one eye may become “lazy.”

Binocular Vision (Gaze) e.g. Strabismus
“Your eyes are not quite parallel so a further examination is recommended in order to see if this is significant.”
Each eye has 6 muscles controlling alignment. Only one needs to be over or under-acting! More common is slight misalignment e.g. as mentioned in hyperopia above an over-convergence of the eyes is seen and the child may want to hold the reading task too close.

Anisocoria
“Your pupils, the holes letting light into your eyes, seem to be different sizes. There can be many reasons for this and it is probably just the way you were born. However a further examination is recommended.”
Complete text books are written about the nerve innervation to the eyes, the size of pupils and the way they react to light is very important. The shape of the pupil is also significant.
Check List

**Before**

- Become an accredited screening facilitator
  - participate in online, face to face and practical training sessions and assessment.

- Order screening equipment from LEHP office
  - Minimum 1 month notice required
  - *(equipment delivered 1-2 weeks prior to the event)*

- Send letter to administrator
  - requesting permission to conduct vision screening

- Sign Memorandum of Understanding
  - if applicable (schools only)

- Contact local Optometrist
  - inform local optometrist of activity and invite their support / participation

- Send out consent forms / questionnaire / print disclaimer
  - consent form and questionnaire (schools only) disclaimer (community)

- Familiarise yourself with all equipment instructions and user manuals
  - Practice with the equipment and machine and read all manuals and policies

- Book appropriate screening room
  - Environmental considerations (refer to manual)

**On the day**

- Results
  - Print manual result sheet. Bring group data results sheet and complete as you go.

- Photographs
  - If photographs are taken ensure LEHP permission to use photograph /video waivers are completed.

**After**

- Send information
  - Send group data results to LEHP office and facility administrator.
  - Send all signed waivers and completed document to LEHP office.

- Return screening equipment
  - Contact needs to be made with the LEHP office within one week of screening completion to organise return of all equipment.