



# REPORT TO PARENTS OF CHILD SCREENED AT DAY CARE

Your child, \_\_\_\_\_, has had a vision screening test sponsored by the  
Division of Services for the Blind.

Although the results of the test do not necessarily mean that glasses or treatment is needed, it is urged  
that he or she be taken for a thorough eye examination for the reason(s) checked below.

- Could not see the line or chart appropriate for his or her age group
- Possible muscle imbalance
- Symptoms

Please take this form with you when your child has the examination. The examiner will fill out the form  
and return it to the Day Care Center.

If you are financially unable at this time to take your child for an eye examination, please take this form  
to the Department of Social Services in your county and see if they can assist you.

\_\_\_\_\_  
Nursing Eye Care Consultant  
Division of Services for the Blind

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## RESULTS OF EYE EXAMINATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Vision Before Correction \_\_\_\_\_ Vision After Correction \_\_\_\_\_

REMARKS \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_