

Parental Permission & Questionnaire

Child's Name _____ Date of Birth ____ / ____ / ____ Gender () Male () Female
Postal Address _____ Suburb _____ State SA Postcode _____
School: **Modbury South Primary School** Room: _____ Parent's contact number _____

Eye Health History

Family History (please tick) () Glaucoma () Cataracts () Diabetes () Lazy/Turned Eye Any other conditions? _____
Has your child had an eye exam before? Yes No When _____
Does your child currently have glasses? Yes No Type _____
Does your child ever close their eyes when concentrating in bright light? Yes No
Does your child squint to focus? Yes No
Has your child had incidence of eye infection, injury or eye surgery? Yes No Details _____
Do you have any specific concerns with your child's eyes? Yes No Details _____

Parent/Guardian Consent

I consent to allow my child to participate in eye screening being conducted by OneSight. I understand that the screening will be supervised at all times and that no drugs (e.g. eye dilation drops) will be used in the screening procedure.

Parent/Guardian Name (please print) _____ **Signature** _____ **Date** _____

Screening Date : Monday 26 July 2021 Please return this form to the school by Friday 25th June 2021.

Vision screening (clinic use only)

1. Vision at distance Right: pass/review ____ Left: pass/review ____ Both eyes: pass/review ____
With +1.50 Right: pass/review ____ Left: pass/review ____ Both eyes: pass/review ____
2. Vision at near Right: pass/review ____ Left: pass/review ____ Both eyes: pass/review ____
3. Colour vision pass/review
4. Depth perception pass/review

Optometrist Only

5. Binocular vision at distance pass/review
6. Binocular vision at near pass/review
7. General eye health pass/review

Optometrists notes:

Recommended for full examination?

- () Satisfactory at present – no vision problem was evident on screening, however regular testing is recommended.
- () Unsatisfactory – full eye examination is strongly recommended, as your child did not meet expected levels in one or more of the areas assessed – refer below.

Full Eye Examinations and Vision Vouchers

If your child is recommended for a full test, please make an appointment at OPSM or Laubman & Pank.
Please take your Medicare card to the appointment.

Should your child require a full eye test, they will be provided with a OneSight Vision Voucher. This will provide your child with prescription glasses from a selected range of frames and lenses free of charge, should they be required once full testing has been completed.

Participating Optometrists

Alternately, visit opsm.com.au or laubmanandpank.com.au to make an appointment for your child.