

## 4- and 5-YEAR-OLD (20/40) VISION SCREENING RESULTS RECORDING FORM

Name: \_\_\_\_\_ Chart Number: \_\_\_\_\_  
 Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Does child wear glasses? DON'T KNOW \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_  
 If yes, screened with glasses on? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Primary Healthcare Provider/Medical Home name and location ("don't know" if you do not know): \_\_\_\_\_  
 Eye Care Specialist's name and location ("none" if none; "don't know" if you do not know): \_\_\_\_\_  
 Date of last eye exam ("don't know" if you do not know): \_\_\_\_\_  
 Date of next eye exam ("don't know" if you do not know): \_\_\_\_\_  
 Referred for eye exam from today's vision screening? YES \_\_\_\_\_ NO \_\_\_\_\_

Check appropriate response - If child wears glasses and:















- \_\_\_\_\_ Has *not* seen an eye care specialist *within* the last 12 months: Screen with glasses on.
- \_\_\_\_\_ Has seen an eye care specialist within the last 12 months: Do not screen; however, if you or child's parent or teacher has concerns about the child's vision, refer child to child's eye care specialist and begin follow-up procedures.
- \_\_\_\_\_ You are uncertain when the child last had an eye exam: Screen with glasses on.

Does the child have an obvious vision or eye health problem (i.e., misaligned eyes, eye lid drooping over pupil, squinting, unequal pupil size)? \_\_\_\_\_YES \_\_\_\_\_NO

- If yes, you may stop here and refer the child to an eye care specialist. (Continue screening ONLY if you are required to record data for all parts of a vision screening.)

Mark screening results in box on the back of this document (refer to inside flipbook cover for screening instructions).

- Circle correct responses and mark an "X" through incorrect responses.
- **<sup>1</sup>PASS** = Correct identification of 3 or 4 symbols with each eye.
- **<sup>2</sup>FAIL** = Correct identification of only 0, 1, or 2 symbols with either or both eyes.
  - If child cannot identify 3 or 4 symbols with each eye on flipbook cards 5 through 12 at 5 feet (1.5 meters), rescreen today, or as soon as possible, but no later than 6 months from the first screening attempt. If a rescreen is not possible, it is appropriate to refer to an eye care provider now.

Both Eyes	Card 1	Card 2	Card 3	Card 4	Check for Pass <sup>1</sup>	Check for Fail <sup>2</sup>
Teaching Optotypes						
Right Eye 	Card 5	Card 6	Card 7	Card 8		
20/40						
Left Eye 	Card 9	Card 10	Card 11	Card 12		
20/40						

## INSTRUCTIONS for 20/40 FLIPBOOK for 4- and 5-YEAR-OLD CHILDREN

- Use this 20/40 vision screening flipbook with children aged 4 and 5 years (a separate 20/50 flipbook is available for children ages 3 years).
- Begin by familiarizing child with the screening task. Hold the flipbook close to child with child's eyes uncovered, and ask child to name the symbols (pictures) on cards 1 through 4.
  - Accept whatever name child calls each symbol.
- Occlude child's left eye, using adhesive patch or specially constructed occluder glasses.
  - Ensure child does not peek if using occluder glasses.
- Measure 5-foot (1.5 meters) screening distance between flipbook and child's eyes using the attached cord.
- At 5 feet (1.5 meters), present flipbook at child's eye level.
- Beginning with flipbook card 5, ask child to identify (by verbally naming or matching on the provided lap card) each symbol on flipbook cards 5 through 8.
  - The four small individual cards included with the flipbook with one symbol on each card can be placed on floor in front of child; child can match flipbook symbol by stepping on card.
- Circle correct responses, and mark an "X" through incorrect responses on the 4- and 5-Year-Old (20/40) Vision Screening Results Recording Form.
- Patch the right eye (with same adhesive patch) or switch occluder glasses.
- Repeat screening and recording steps for the left eye, using flipbook cards 9 through 12.
  
- **PASS** = Correct identification of 3 or 4 symbols with each eye.
- **FAIL (or rescreen the same day or within 6 months)** = Correct identification of only 0, 1, or 2 symbols with either or both eyes.