

3-YEAR-OLD (20/50) 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.
- **¹PASS** = Correct identification of 3 or 4 symbols with each eye.
- **²FAIL** = 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 ¹	Check for Fail ²
Teaching Optotypes						
Right Eye 	Card 5	Card 6	Card 7	Card 8		
20/50						
Left Eye 	Card 9	Card 10	Card 11	Card 12		
20/50						

INSTRUCTIONS for 20/50 FLIPBOOK for 3-YEAR-OLD CHILDREN

- Use this 20/50 vision screening flipbook with children aged 3 years (a separate 20/40 flipbook is available for children ages 4 to 6 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 3-Year-Old (20/50) 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.