



FREE VISION SCREENING

A free FocusFirst vision screening is being offered at your childcare center.

FocusFirst has screened more than 250,000 children. Of those screened, over 26,500 were suffering from undetected vision problems.

Undetected vision problems can lead to difficulty in the classroom, slow social development, and, in some cases, permanent blindness.

A FocusFirst vision screening can help to ensure that your child has a healthy start to life.

- The screening is high-tech and non-invasive; we simply take a photograph of your child's eyes with a digital camera.
- If a potential vision problem is detected, you will have access to free or low-cost eye care.
- If your child already wears glasses, the screening will confirm that the glasses are the correct prescription.

Please fill out the attached form completely and return it to your childcare director.

For more information, call (850) 645-5323.

Note: This program is based on a screening process; it is not diagnostic. Screening is intended to identify children with a wide range of eye problems who should seek the services of an eye-care professional for examination and diagnosis. As with any screening process, there is no assurance that all problems will be detected. Eye problems not detected by this screening process include diseases affecting the retina and optic nerve, glaucoma, certain forms of astigmatism and color blindness. No screening process, including that of FocusFirst, is a substitute for a full examination by a qualified eye-care professional.



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Child Screening Form

(Please fill out this form completely. We will only contact you if your child has a potential vision problem.)

Child Information

First Name																	
Last Name																	
Teacher																	

Date of Birth (MM/DD/YY):

____/____/____

Gender (circle one):

MALE FEMALE OTHER

Parent / Guardian Information

Primary Contact:

Name: _____

Relationship to Child: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Address: _____

City, State, Zip: _____

Secondary Contact:

Name: _____

Relationship to Child: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Address: _____

City, State, Zip: _____

Previous Eye Care

Has your child been examined by an eye doctor? **Yes No** If yes, how long ago? _____

What was the result? _____

Does your child have glasses or contacts? **Yes No** Does he / she normally wear them? **Yes No**

Do you know of or suspect any eye problems not mentioned above? Describe: _____

FocusFirst Screening Result (to be completed by FocusFirst screener)

Screening Complete: No vision problems detected **Absent**

Complete Eye Exam Recommended: Vision problems detected **Parent Declined Vision Screening**

Only complete this portion if you DO NOT want your child screened for vision problems:

Please write "NO" in the box and sign below if you DO NOT want your child to receive a free, non-invasive vision screening.

Signature: _____



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