

North Carolina Lions KidSight Information Form

Screening Date _____

(Please Print)

Child's Name _____

Date of Birth. _____ Age _____

Grade _____ Teacher _____

Facility Name _____

Screening results

Refraction, pupil sizes and corneal reflexes are measured and compared to age-based referral criteria automatically. Referral criteria and the PlusOptix system screen for:

- **Anisometropia** - unequal refraction of both eyes
- **Astigmatism** - corneal irregularities
- **Hyperopia** - farsightedness
- **Myopia** - nearsightedness
- **Corneal reflexes** - symmetric eye alignment
- **Anisocoria** – Unequal pupil size

If readings are within limits, a "pass" screening result is displayed. If one or more of the readings are outside of limits, a "refer" screening result is displayed. Screening results are displayed on screen immediately after a measurement is completed.

Child normally wears Glasses? _____

Child was screened with Glasses? _____

This Screening Does Not Take the Place of a Complete Eye Exam, nor is the Information Below Adequate for a Prescription.

<p>PASSED</p> <p>A finding of PASSED does not guarantee that no problems are present. This screening does not replace a recommended annual eye exam by an eye care professional.</p>	<p>REFERRAL RECOMMENDED</p> <p>Child should be examined by an eye care professional.</p> <p>Information on the attached label may be helpful to the Eye Doctor.</p> <p>BRING THIS FORM TO THE EYE DOCTOR</p>
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(Place Referred Sticker Here)

(Place Passed Sticker Here)