Iowa Department of Public Health
Protecting and Improving the Health of Iowans

Gerd W. Clabaugh, MPA
Director

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Governor

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DATE: 2020-2021 School Year

TO: Parents/Guardians of Kindergarten or Third Grade students

FROM: Bureau of Family Health, Iowa Department of Public Health

TOPIC: Iowa's Child Vision Screening Law

Since 2015, the State of Iowa requires students entering kindergarten and third grade to provide proof of a child vision screening to their school. You are receiving this letter because, according to school records, there is not a child vision screening on file for your child.

Please schedule a vision screening for your child as soon as possible. The Certificate of Vision Screening form is attached. The front side can be completed by a doctor, a physician's assistant, an advanced registered nurse practitioner, a nurse, a school nurse, Prevent Blindness Iowa volunteer or Iowa KidSight and Lion's Club volunteers. The back side of the form is to be completed if your child receives a comprehensive eye exam from an eye doctor or ophthalmologist.

If your child has had a vision screening within the last year but has not yet turned in the results of the screening, please ask the person who provided the screening to complete the Certificate of Vision Screening or provide other proof of screening as soon as possible. Once completed, submit the form or proof of screening to the school nurse. "Other proof of screening" could be a copy of the child's most recent physical if a vision screening was provided, a letter from the child's eye doctor with the results of the vision screening, a copy of the results of an Iowa KidSight/Lion's Club volunteer photo screening, etc.

The intent of the child vision screening law is to improve the eye health of Iowa children. The child vision screening can help with early detection and treatment of visual impairment. Having good eye health makes children better learners in school.

Your attention to this matter is appreciated. Thank you!

For more information about the child vision screening law, you may contact the Iowa Department of Public Health at 1-800-383-3826. You may also read more about the program at https://idph.iowa.gov/family-health/child-health/vision-screening.

FECHA: Año escolar 2019-2020

PARA: Padres/Tutores de estudiantes de jardín de infancia o tercer grado

DE: Oficina de Salud Familiar, Departamento de Salud Pública de Iowa

ASUNTO: Ley de Iowa sobre la evaluación de la visión de los niños

Desde 2015, el Estado de Iowa requiere que los estudiantes que ingresan a jardín de infancia y tercer grado proporcionen pruebas de un examen de la vista para niños a su escuela. Está recibiendo esta carta porque, según los registros de la escuela, no hay un examen de la vista de su hijo en el archivo.

Por favor, programe un examen de la vista para su hijo tan pronto como sea posible. Se adjunta el formulario del Certificado de Evaluación de la Visión. La parte delantera puede ser completada por un médico, un asistente médico, una enfermera profesional registrada avanzada, una enfermera, una enfermera escolar, un voluntario de Prevent Blindness Iowa o voluntarios de Iowa KidSight y Lion's Club. El reverso del formulario se debe completar si su hijo recibe un examen ocular completo de un oculista o un oftalmólogo.

Si su hijo se ha sometido a un examen de la vista durante el último año pero aún no ha entregado los resultados del examen, pídale a la persona que lo realizó que complete el Certificado de Evaluación de la Visión o que presente otra prueba del examen lo antes posible. Una vez completado, envíe el formulario o prueba del examen a la enfermera de la escuela. "Otra prueba del examen" podría ser una copia del examen físico más reciente si se le practicó un examen de la vista, una carta del doctor de atención de la vista del niño con los resultados del examen de la vista, una copia de los resultados de un examen fotográfico de un voluntario del KidSight/Lion's Club de Iowa, etc.

La finalidad de la ley de evaluación de la visión infantil es mejorar la salud ocular de los niños de Iowa. La evaluación de la visión infantil puede ayudar con la detección temprana y el tratamiento de la discapacidad visual. Tener una buena salud ocular hace que los niños aprendan mejor en la escuela.

Agradecemos su atención a este asunto. ¡Gracias!

Para obtener más información sobre la ley de evaluación de la visión infantil, puede comunicarse con el Departamento de Salud Pública de Iowa al 1-800-383-3826. También puede leer más sobre el programa en https://idph.iowa.gov/family-health/child-health/vision-screening.

Iowa Department of Public Health

CERTIFICATE OF VISION SCREENING

Pursuant with Iowa Code Chapter 641.52

RETURN COMPLETED FORM TO CHILD'S SCHOOL.

Student Information (please print)

Student Last Name:	Student First Name:	Birth Date (M/D/YYYY):
Parent/Guardian Telephone Number:	Student Address:	
Zip Code:		

Screening Information vision testing requirements can be accomplished either through a screening (see below) or with a comprehensive eye exam (see other side). Screening provider must complete this section *or parents may attach a copy of vision screening results given to them by a provider.*

Date of Vision Screening: ______________________________

Result: (Please check): ☐ Pass or ☐ Fail

Testing method: (Please check) ☐ Vision Screening ☐ Photo Screen ☐ Other: _______________

Visual Acuity: (if available) ☐ With Correction ☐ Without Correction

Right Eye__________Left Eye____________

Referral to eye health professional: (Please check) ☐ Yes or ☐ No

Business Name/Source of Screening: (please print name of provider office or if provided by school nurse, name of school)

____

Provider Name: (please print) ____________________Phone: ______________

Signature and Credentials of Provider: ____________________Date: __________

A parent or guardian of a child who is to be enrolled in a public or accredited nonpublic elementary school shall ensure the child is screened for vision impairment at least once before enrollment in Kindergarten **and** again before enrollment in the 3rd grade.

To be valid, a minimum of one child vision screening shall be performed no earlier than one year prior to the date of enrollment in Kindergarten and 3rd grade and no later than six months after the date of the child's enrollment in Kindergarten and 3rd grade.

RETURN COMPLETED FORM TO CHILD'S SCHOOL.

Eye Exam Section

Pursuant with Iowa Code Chapter 280.7A

To the Parent or Guardian: The Iowa Optometric Association strongly recommends that to fully assess the health of your child's visual system and prevent future learning problems associated with undetected vision problems, regular professional eye exams are essential. Experts estimate that 80% of learning is obtained through vision. **If you choose to** take your child to an eye care professional for a comprehensive eye exam, this side of the form should be filled out and signed by the eye care professional and returned to the school nurse or teacher by your child.

Visual Acuity	**At Distance**		**At Near**	
☐ Without correction	R20/	L20/	R20/	L20/
☐ With present correction	R20/	L20/	R20/	L20/
☐ With new correction	R20/	L20/	R20/	L20/

External Eye Health

☐ Normal ☐ Other

Internal Eye Health

☐ Normal ☐ Other

Vision Analysis

R	**L**		
☐	☐	Normal eyesight	☐ Eye teaming difficulty
☐	☐	Nearsighted (myopia)	☐ Crossed-eyes (strabismus)
☐	☐	Farsighted (hyperopia)	☐ Eye focusing difficulty
☐	☐	Astigmatism	☐ Sensitivity to light
☐	☐	Amblyopia	

☐ Other____

Vision Correction Recommendations

☐ No correction necessary

☐ No change in present prescription

☐ New prescription needed

To be worn for:

☐ Constant wear ☐ Near vision only

☐ Distance vision only ☐ As needed

To the Eye Care Professional: Please sign and date this form after the examination.

Dr. Name (Please Print) ____

Date_______________Signature____

STUDENT VISION CARD

Student First/Last Name ________________________________ Exam Date ______________

Student Date of Birth ______/______/_________ Student Home Zip Code ________________

TO THE PARENT OR GUARDIAN: To fully assess the health of your child's visual system and prevent future learning problems associated with undetected vision problems, regular professional eye exams are essential. Experts estimate that 80% of learning is obtained through vision. Good vision directly contributes to a child's ability to learn while in school. As a part of your back-to-school preparations, it is recommended that you take your child and this card to your family eye doctor for a complete eye health examination. **This card should be signed by the eye care professional and returned to the school nurse or teacher by your child.**

The following organizations recommend the use of the Student Vision Card

To order more cards call 1-800-444-1772 • www.iowaoptometry.org

Visual Acuity | **At Distance** | | **At Near** |
---|---|---|---|---
☐ Without correction | R20/ | L20/ | R20/ | L20/
☐ With present correction | R20/ | L20/ | R20/ | L20/
☐ With new correction | R20/ | L20/ | R20/ | L20/

External Eye Health
☐ Normal ☐ Other

Internal Eye Health
☐ Normal ☐ Other

Vision Analysis

R	**L**	
☐	☐	Normal eyesight
☐	☐	Nearsighted (myopia)
☐	☐	Farsighted (hyperopia)
☐	☐	Astigmatism
☐	☐	Amblyopia

☐ Eye teaming difficulty
☐ Crossed-eyes (strabismus)
☐ Eye focusing difficulty
☐ Sensitivity to light

☐ Other ____

Vision Correction Recommendations
☐ No correction necessary
☐ No change in present prescription
☐ New prescription needed

To be worn for:
☐ Constant wear
☐ Distance vision only
☐ Near vision only
☐ As needed

TO THE EYE CARE PROFESSIONAL: Please sign and date this card after examination.

Dr. Name: (Please Print) ____

Date________________Signature____