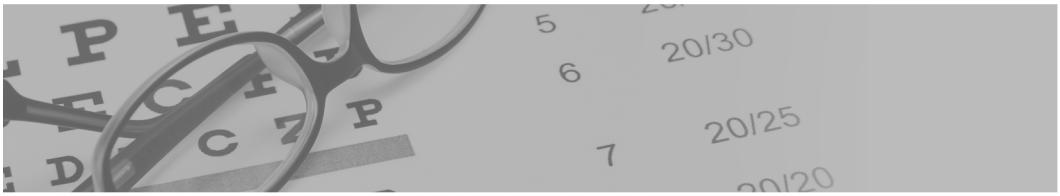
FREE VISION SCREENING

For Oakland County Residents

OAKLAND COUNTY MICHIGAN
HEALTH DIVISION
OAKGOV.COM/HEALTH



Vision Tests are Required to Enter Kindergarten

Call **248.424.7070** to set an appointment for your child.

THREE LOCATIONS TO BETTER SERVE YOU

PONTIAC
1200 N Telegraph Rd • Bldg. 34 E
Pontiac, MI 48341

WALLED LAKE COMMUNITY EDUCATION CENTER
615 N Pontiac Trail
Walled Lake, MI 48390

SOUTHFIELD
27725 Greenfield Rd
Southfield, MI 48076

Limited availability at the Walled Lake Community Education Center.
Vision tests done in preschool by a Public Health Technician or doctor's office will also fulfill this requirement.

@PUBLICHEALTHOC

The Oakland County Health Division will not deny participation in its programs based on race, sex, religion, national origin, age or disability. State and Federal eligibility requirements apply for certain programs.

Michigan Law (Public Health Code, Act 368 and the 1995 Revised School Code, Act 291) states your child needs a vision test before going to kindergarten.

6-12-15/lona/external/completed projects/vision flyer

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

County Screening Location MEDICAID: Y N Number:

KINDERGARTEN ENTRY/PRESCHOOL HEARING AND VISION SCREENING RECORD

CHILD'S NAME _____ Male Female DOB _____ AGE _____

Name Used _____ School Attending _____

PARENT/GUARDIAN'S NAME _____ Telephone _____ H/W/C

Address _____ City _____ Zip _____

BRIEF HISTORY

HEARING

1. Has your child been seen by a doctor for any ear problems? Y N
   Date of Exam _____ Doctor _____
2. Is your child on any cold or allergy medications? Y N
3. As a parent, do you have any concerns regarding your child's hearing? Y N

VISION

1. Has your child ever been examined by an eye doctor? Y N
   Date of Exam _____ Doctor _____
2. Has your child ever confused colors? Y N
3. When your child is ill or tired, do the eyes appear crossed or does one eye wander when looking at an object? Y N

DO NOT WRITE BELOW THIS LINE

HEARING SCREENING

Screening	Pass	Fail
Threshold	Pass	Fail
Audiogram		

RESULTS

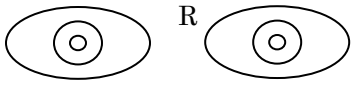
- □ Pass
- □ Refer
- □ Under Care
- □ Retest

VISION SCREENING

1. Visual Acuity/2-Line Difference

	20/40						20/25					
Both eyes	0	1	2	3	4	5 6						
Right eye	0	1	2	3	4	5 6	0	1	2	3	4	5 6
Left eye	0	1	2	3	4	5 6	0	1	2	3	4	5 6

	Near		Far	
2. Cover/Uncover Test:				
Right eye movement	Pass	Fail	Pass	Fail
Left eye movement	Pass	Fail	Pass	Fail
3. Corneal Reflection L R			Pass	Fail
4. Eye History			Pass	Fail
5. Symptom(s): _____			Pass	Fail



RESULTS

- □ Pass
- □ Refer
  - □ 2-Line
  - □ 20/50
- □ Symptom
- □ Fail; no refer
- □ Under Care
- □ Permanent difficulty
- □ Retest

ATTENTION PARENT(S): Your child was given the health department hearing and vision screening tests:

Hearing
- □ Passed
- □ Failed (an examination by your local health department or your doctor is required)

Vision
- □ Passed
- □ Failed (an eye examination by an ophthalmologist or optometrist is required)

Please present this certificate when enrolling your child in school for the first time (Michigan Public Health Code; Act 368 or 1978). Retain this statement with other health records of your child.

Child's Name Date of Screening Qualified Hearing/Vision Technician

Health Department

DCH-0479 (1/2010)