Vision Screening Requirements for Your Child

All children entering Kindergarten and 3rd grade in the fall of 2015 are required to have a vision screening.

The Iowa Department of Public Health has issued a new vision screening law that will impact you as a parent. 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, the vision screening must be performed no earlier than one year prior to the date of enrollment and no later than six months after the first day of school.

The screening requirement may be met in two ways.

1. Use “Iowa Department of Public Health Certificate of Vision Screening” pdf (on the back of this sheet) if the screening is performed by the following (physician, physician assistant, nurse, free clinic, child care center, local public health department, school or approved community based organization.)

2. Use the “Student Vision Card” pictured below if your child receives a comprehensive eye exam performed by an optometrist or ophthalmologist.

To understand the requirements or to get additional copies of the certificate of vision screening: visit the Midland Community School’s website at http://www.midland.k12.ia.us and click on the tab labeled PDF’s or http://www.midland.k12.ia.us/ListPDFs.asp?pth=NurseInfoPDF

Please bring in your documents or fax them to the Elementary school as they are completed. If you have questions, call the nurse.

Who Can Perform the Vision Screening?

- Your doctor
- An eye doctor—Ophthalmologist or Optometrist
- An advanced nurse practitioner
- A physician’s assistant
- The local public health depart
- A public or accredited nonpublic school
- A community based organization
- A free clinic
- A child care center
Iowa Department of Public Health
CERTIFICATE OF VISION SCREENING
RETURN COMPLETED FORM TO CHILD’S SCHOOL.

Student Information (please print)

<table>
<thead>
<tr>
<th>Student Last Name:</th>
<th>Student First Name:</th>
<th>Birth Date (M/D/YYYY):</th>
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Parent/Guardian Telephone Number: Student Address:

Zip Code:

Screening Information (vision 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: ________________________________

Results (visual acuity):

Right Eye_______ Left Eye_______

Overall Result (Please select one): Referral to eye health professional (Please select one):

Pass or Fail

Yes or No

Screening Provider: ____________________________________________

Provider Business Name/Source of Screening: (please print) ____________________________

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 to Kindergarten or 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 no later than six months after the date of the child’s enrollment in Kindergarten.

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 3rd grade and no later than six months after the date of the child’s enrollment in 3rd grade.

RETURN COMPLETED FORM TO CHILD’S SCHOOL.

Iowa Department of Public Health • Bureau of Family Health
FAX 515-242-6013 • 866-383-3826 • www.idph.state.ia.us

3/01/2015