



[Service provider logo]	Screening coordinator:
	Date of screen:
	Location:

Information about the screening

What is this form?

Your child was recently involved in a school sensory screening programme for vision and hearing. The results of the screening are provided below.

What should I do with this form?

Please keep this form. If your child has a referral appointment, please take this form with you to the referral location.

1. Information about the child

Family name:	Given names:
Date of birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
Address:	
School:	Class:

2. Vision

Pass <input type="checkbox"/>	Your child's vision is healthy for their age. If you have any concerns about your child's eyes, please arrange for another vision and eye health screen within the next month.
Refer <input type="checkbox"/>	Your child needs an appointment with a person trained in eye care for further examination. Please use the details below to make an appointment at the referral location. Your child should attend a referral appointment within one month of the screening.
	Reason for referral:
	Referral location:
Absent <input type="checkbox"/>	Your child was absent on the day of the screening. Please contact the school for more information.
Continue care <input type="checkbox"/>	Your child is under the care of an eye care professional. We recommend that you continue this care.

3. Hearing

Pass <input type="checkbox"/>	Your child's hearing is healthy for their age. If you have any concerns about your child's ears, please arrange for another hearing screen within the next month.
Refer <input type="checkbox"/>	Your child needs an appointment with a person trained in ear care for further examination. Please use the details below to make an appointment at the referral location. Your child should attend a referral appointment within one month of the screening.
	Reason for referral:
	Referral location:
Absent <input type="checkbox"/>	Your child was absent on the day of the screening. Please contact the school for more information.
Continue care <input type="checkbox"/>	Your child is under the care of an ear care professional. We recommend that you continue this care.

4. Contact *If you need more information, please use the following details to contact the screening coordinator.*

Screening coordinator:	Signature:
Phone:	
Email:	Date:

Tips for healthy eyes and ears

Your child should:



- Have regular eye and ear checks
- Wear sunglasses and a large hat outdoors
- Wear ear protection in very noisy places
- Spend at least 90 minutes outdoors every day to reduce the risk of needing spectacles
- Take regular breaks when using digital devices and during close-up activities.
Follow the 20-20-20 rule by taking a 20 second break to look at something 20ft/6m away every 20 minutes, to reduce eye strain and headaches
- Wash their hands before touching their eyes and ears
- Use their own personal towels
- Avoid rubbing their eyes vigorously
- Have their ears checked if they have a cold that is not improving, or if there is pus/fluid coming out their eyes and/or ears
- Be up to date with their vaccines, especially for rubella, measles, mumps and meningitis.

Your child should not:



- Swim or wash themselves in dirty water
- Insert objects into their ears, including cotton buds or candles for removing ear wax
- Use eye or ear medication that does not belong to them or was not prescribed for them.