

BROWN COUNTY HEALTH DEPARTMENT
P. O. BOX 23600, GREEN BAY, WI 54305-3600
(920) 448-6400
Fax: (920) 448-6449

PLEASE TAKE THIS LETTER TO THE
EYE DOCTOR. THE EYE DOCTOR
WILL RETURN THIS LETTER TO
OUR AGENCY.

PUPIL'S NAME: _____ TEACHER: _____

SCHOOL: _____ GRADE: _____ DATE: _____

Dear Parent/Guardian:

Your child's vision was screened according to recommendations by the Brown County Vision Committee and the National Society to Prevent Blindness. Results, as recorded below, show that your child may have a vision problem. A complete professional eye examination has been advised for your child. This does not necessarily mean that your child will need glasses, a different prescription, or treatment, but we urge you to follow through with a professional exam.

- _____ Your child's vision was 20/40 or worse in one or both eyes using a Snellen chart.
- _____ Your child did not demonstrate that his/her eyes work together using the Random Dot E kit.
- _____ Other: _____

Please take this letter to the eye doctor. The eye doctor will return this letter to our agency. This information may be shared with the school unless indicated otherwise. If you have any questions or need financial assistance for the exam, please call the Health Department at 448-6400.

Sincerely,

Public Health Nurse
Brown County Health Department

EYE CARE PROFESSIONAL'S REPORT

VISUAL ACUITY <u>WITHOUT</u> CORRECTION	20/ _____	20/ _____
	right	left
VISUAL ACUITY <u>WITH</u> CORRECTION	20/ _____	20/ _____
	right	left

CYCLOPLEGIC DROPS USED

DIAGNOSIS

- amblyopia
- muscle imbalance – specify _____
- refractive error
 - myopia hyperopia astigmatism
- other –specify _____
- Normal Exam

COMMENTS: _____

HISTORY

- new case
- previously diagnosed

TREATMENT

- glasses prescribed
- new lens prescription given
- ***INSTRUCTIONS FOR USE:** _____

- other – specify _____

EXAMINER'S NAME: _____ DATE OF EXAM: _____

ADDRESS AND PHONE: _____

SIGNATURE: _____

RESOURCES FOR EYE EXAMS AND GLASSES

LION'S CLUB

Can pay for eye exam and basic glasses.

- Eligibility determined on an individual basis
- Call Brown County Health Department (448-6400) for more information

HOMETOWN DAY

Provides eye exams and basic eyeglasses through participating stores in fall.

- Eligibility requirements:
 - * children who don't have Medical Assistance
 - * no eye exam/glasses coverage on health insurance
 - * can't afford eye exam/glasses
- Call your school nurse or the Brown County Health Department (448-6400)

PROJECT EYECARE

Provides complimentary eye exams and eyewear to needy children through Shopko and Salvation Army.

- Eligibility requirements
 - * children age 5 - 17
 - * no state, federal, or private eye care insurance
- Contact Salvation Army Office at 497-7053

SIGHT FOR STUDENTS

Pays for eye exam and basic glasses for children. Services are through participating doctors only.

- Eligibility requirements
 - * under 19 years old
 - * household income at or below guidelines
 - * U.S. citizen or resident alien
- Call your school nurse or the Brown County Health Department (448-6400)

HEALTHY START/BADGERCARE

MEDICAL ASSISTANCE Provides extensive medical services including eye exams and basic glasses.

- Eligibility requirements
 - *household income at or below guidelines
- Call or visit Sophie Beaumont Building
111 N Jefferson, Green Bay
448-6000
or apply online: www.access.wi.gov

Your School Social Worker or School Nurse can assist with these and other community resources. Call your child's school.