



# CARLTON LIONS CLUB VISION SCREENING



Date \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Patient  
Number

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_

(W)

(C)

**The parent or guardian will be notified in the event the results of this screening indicate the child is at risk for an ocular problem. If you are not notified the child has passed the screening.**

**PASS**

**REFER**

**IMPORTANT:** The Carlton Lions Club provides this screening as a community service. While the *plusoptiX Screener* is a very sophisticated scientific, clinical instrument, it may produce both false positive and false negative results. It is intended to assist in identifying significant ocular conditions. If the patient passes this screening but the parent or guardian have concerns, or there is an immediate family history of vision problems, the child should receive a comprehensive eye examination by an eye doctor. This screening is not intended to substitute for a comprehensive eye examination.

I have read the above disclaimer and give permission for the Lions Club to perform this screening.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date