

MONROE COUNTY HEALTH DEPARTMENT

VISION SERVICES

1. DIRECTIONS FOR USE AND COMPLETION OF TEST MATERIALS

1. Forms labeled **VISION CLASS LIST REPORT:**
 - a) Complete one form for each 5th & 7th grade class.
 - b) Make a photocopy of each list for each technician listed on the SCREENING MEMO.

2. Forms labeled **MONROE COUNTY VISION CONSERVATION PROGRAM:**
 - a) Distribute only to 5th grade class.
 - b) Have students take the form home for parents to complete and return to school.
 - c) Attach returned forms to corresponding class lists and give to technician.

3. **When computer class lists are used, the information highlighted on the attached Vision Class List Report will need to be added for our use. Please double space between each student name when using a computer class list.**

NOTE: *Technician time is used more efficiently when space for the screening is planned prior to day of screening.

******In order to protect the health and safety of our technicians we may request that your student wear a mask during the hearing or vision screening if it is determined by the technician to be necessary due to the fact that proper social distancing is not possible. Our technicians will bring disposable masks for the student to use in the event that they need one and do not have their own. Our technicians will wear a face covering and follow recommended protocol for social distancing, sanitization and disinfection of equipment.

THANK YOU FOR YOUR CONTINUED ASSISTANCE.

Hearing and Vision Services
734-240-7856

TO: PARENTS OF CHILDREN IN MONROE COUNTY SCHOOLS
FROM: MONROE COUNTY HEALTH DEPARTMENT: HEARING AND VISION SERVICES
DATE: SCHOOL YEAR 2022-2023
SUBJECT: HEARING AND VISION SCHOOL SCREENING INFORMATION

- Your school district works in partnership with Monroe County Health Department to provide hearing and vision screening for students. Children are tested according to the following schedule in school:

Hearing: Y⁵, K, 2, 4, (or age equivalents when a child is in special education), known losses and referrals.

Vision: 1, 3, 5, 7, 9, (or age equivalents when a child is in special education) and referrals.

- Students in grades K through 5 who are scheduled or referred for vision screening, will bring home a form asking for information about their eye care history. Please complete the form and return it to your child's teacher. This will give technicians the information necessary to make an appropriate referral if your child is unable to pass the screening.
- Parents who prefer that their child **not** have the screening are asked to contact the Hearing and Vision office of the Monroe County Health Department (240-7856).
- Only children who are unable to pass the screening will be given a letter to take home to parents with information regarding recommendations. All screening results may be obtained at the school or the Hearing and Vision office.
- To comply with the Michigan Department of Health and Human Services guidelines, an appointment for free screening will be provided at the Monroe County Health Department for:
 1. High school or junior high students who need a hearing test
 2. Students who are absent on day of screening
 3. Hearing or vision referrals that take place after school screening has been completed

To make that appointment, please call the Hearing and Vision Office (734-240-7856).

“ Any child with an implanted medical device (e.g. digitally programmable shunts, pacemakers, Baclofen pumps, Vagus Nerve Stimulators, etc.) will not have a hearing screening due to the possibility of electromagnetic interference from the magnets in the audiometer headphones.”

**MONROE COUNTY HEALTH DEPARTMENT
HEARING AND VISION SERVICES**

VISION CLASS LIST REPORT

SCHOOL _____ GRADE _____ ROOM _____ TEACHER _____

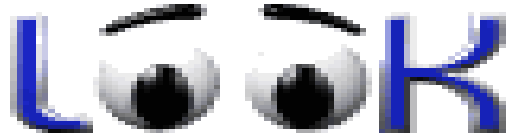
- | | |
|--|---|
| 1. List names of children to be screened for vision. | 3. Give to screening technician |
| 2. Make a duplicate copy. | 4. Record results in school health records. |

NAME	GI./C	P	NR/R	NAME	GI./C	P	NR/R
1.				21.			
2.				22.			
3.				23.			
4.				24.			
5.				25.			
6.				26.			
7.				27.			
8.				28.			
9.				29.			
10.				30.			
11.				31.			
12.				32.			
13.				33.			
14.				34.			
15.				35.			
16.				36.			
17.				37.			
18.				38.			
19.				39.			
20.				40.			

GI: Wears Glasses	NR: Failed, not referred to Dr.
C: Wears Contacts	R: Referred to Dr.
P: Passed	

Screening Dates _____

Technician _____



MONROE COUNTY VISION CONSERVATION PROGRAM

VISION SCREENING IN THE SCHOOL

...Is administered by a vision technician who is trained by the Michigan Department of Health and Human Services supervised by the Hearing and Vision Division of the Monroe County Health Department.

...Screens for visual acuity, hyperopia (far-sightedness), muscle balance and observable symptoms.

...Is provided for grades 1, 3, and 5 with age equivalents for self-contained special education classes and any child referred to the technician by a parent, teacher, school nurse, etc.

...Attempts to identify children who need further evaluation by an eye specialist.

EYE TIPS

1. **Children do not know how well they should see. Parents must be alert for signs of eye trouble.**
2. **Eyes change as children grow. Normal eyes one year may need correction or treatment the next year.**
3. **Children do not outgrow crossed eyes.**
4. **Watching television does not cause eye defects.**

BE SURE YOUR CHILD RECEIVES THE SCHOOL VISION
SCREENING WHEN AVAILABLE.

HAVE YOUR EYES EXAMINED REGULARLY.

The Vision Conservation Program is provided by the Monroe County Health Department in co-operation with the Michigan Department of Health and Human Services and your child's school.

The purpose of the program is to help identify children who need eye care and thus assure the best possible vision for every child.

Screening will take place at your child's school very soon. As a parent, your assistance is vital to the success of the program. Please provide us with the following information and **return it to school** with your child.

Name of Child _____ Birth Date _____

Teacher _____ Grade _____

Address _____ City _____

Parents' Names _____

Phone _____ School _____

Has child ever been examined by an eye doctor? _____

If yes, date of exam _____

Dr.'s Name _____

Does child wear glasses? _____ (If yes, please be sure your child has glasses with them on the day of screening.)

IF THE TEST INDICATES THAT YOUR CHILD NEEDS TO SEE AN EYE DOCTOR...

You will receive a letter from the Health Department. With that letter will be a fax form to be completed by the doctor who examines your child's eyes and then returned to the Health Department. We urge you to see a doctor as soon as possible, as good vision is very important for a child to do well in school.