$A_{\text{LASKA}} \; B_{\text{LIND}} \; C_{\text{HILD}} \; D_{\text{ISCOVERY}}$

www.abcd-vision.org

A.B.C.D. is a cooperative, charitable research project
to vision-screen every preschool Alaskan.



IDENTIFICATION (To be filled out ≰by parent or Guardian)

Child's First Name:	Last Name			Child	l's Birth Date r	n	_/d	_/y
Town:	, Alaska zip:				(≢•" results	mailed	I to this ac	ldress!)
Phone: (907)	Alternate Phone:	_ -		Child'	s doctor:			
HEALTH HISTORY and	Consent for Vision Screen							
Parent or Guardian CONSE	NT: Please sign: 🗠					_ date:		
AMay these records be used	for your confidential health records	_No	Yes	For	medical edu	cation?	No _	Yes
Has the child ever had Eyedoctor:	a complete eye exam? _Results:						No _	Yes
Child's Health Problem	(s): ns:						No _	Yes
	e" or strong glasses in mom, dad o	or siblir	ngs(broth	ers or	sisters)?		No _	Yes
List:				0.1.				
	tently have any "WARNING SIGN	1 5? " ((see back			JI MTIO		Yes
VISION-SCREENING (A) Screen Date: /	·				oe or staple a			
Cooperation (circle): Cha Screener's Name:	allenge Moderate Easy		₩ Plus	sOptiX	S04	(□stic	eker on bac □Pass	k) □Refer
Good adult vision must be childhood. Amblyopia is a povision learning due to blocked poor or unequal focus (ranisometropia) or misalignm Amblyopia treatment is mos	vision screening e learned during the first ten years of otentially curable disease of disrupted dimages (cataracts or corneal scars), myopia, hyperopia, astigmatism or nent (strabismus; cross-eye, wall-eye).							
difficult to detect. Photoscreeners have abo finding childhood amblyopia. will be detected. The Americ	ning, this blinding condition has been ut 90% sensitivity and specificity in This means most, but not all problems an Academy of Pediatrics recommends brough vision screening. Some suggest				OV-S20 #_ creen DOWN	I for sec	cond picture □Pass) □Refer
a complete eye exam by ag children should have their first	e 5. <u>Photoscreening identifies which</u>		•• ■ Vi		luest® ıity RE: 20/		LE: 20/	
542 West Second Av	Coordinating Center: enue, Anchorage, Alaska 99501 17 • fax 278-1705 • www.abcd-vision.org				Śtereops	3is:		_
RESULTS (Int			□preK RE	20/40			I □Pass	□Refer
Reading Date:			LE		Object to pa			LE
₩ NORMAL NOT NO Eye exam So (take this to yo	OON Eve Exam or Rescreen in a year		20/40 If < 20	pass a /40, Pi	nge ≤4, 20/3 nhole	32 pass _, Near	age >4 , bo	th