

Iowa KidSight Evaluation Sheet

A Joint Project of The Lions Clubs of Iowa
and the Department of Ophthalmology & Visual Sciences at the
University of Iowa Stead Family Children's Hospital



Child's Name _____ Date of Birth _____

Date of Vision Screening _____ City of Screening _____

Session Number _____

Parent/Guardian Authorization

Signature authorizing release of follow-up information: _____

Date _____

To be completed in full by Ophthalmologist/Optomestrist:

This patient was referred after failing a vision screening with Iowa KidSight. Please complete this form and return via fax: 319-467-5091, email: KidSight@uiowa.edu or mail it using the enclosed envelope to Iowa KidSight, 2431 Coral Court #5, Coralville, IA 52241. This Evaluation Sheet is a critical part of finalizing the screening process as it provides validation that the child was examined and validates the effectiveness of this screening program. If you have questions, please call 319-467-5090.

1. Date of Exam: _____**2. Reporting MD/OD** (please print):

Name: _____ Clinic: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

3. Visual Acuity: OD: _____
OS: _____**Method of Testing Vision (circle all that apply)**

- a) CSM
- b) Fix and Follow
- c) Pictures (Snellen Equivalent)
- d) HOTV
- e) E-Game
- f) Other – Please Elaborate

4. Ocular Motility:
Ortho: _____
Strabismus: _____**Method of Assessing Alignment (circle all that apply)**

- a) Penlight
- b) Cross-Cover Testing
- c) Other: _____

5. A Cycloplegic Refraction is recommended: Was one completed? YES / NO

Drops Used: a) Cyclogyl 1% b) Other _____

Refraction: OD _____ + _____ x _____ or OD _____ - _____ x _____

OS _____ + _____ x _____ or OS _____ - _____ x _____

6. Other Exam Notes _____

Anisocoria (circle): YES / NO Ptosis (circle): YES / NO

7. Diagnosis: Amblyopia (circle): YES / NO

Type (circle all that apply): a) Strabismus b) Anisometropia c) Media Opacity d) Other

8. Treatment (circle):

a) None b) Glasses c) Other (please specify) _____

9. Follow-up (circle):

a) None b) Other (include date) _____