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Lions Preschool Eye Screening Program

“Amblyopia (lazy eye) is the leading cause of monocular blindness in North America for those under seventy. However, if risk factors are detected by age four, 95% of patients can have their vision saved.”

The Lions clubs of Delaware , as Helen Keller asked, are the “soldiers for the blind”. We conduct a preschool eyes-screening program in most of the public elementary schools in Delaware. As of this moment, our Lions have screened over 3000 pre-school and kindergarten students.

We first give the nurse at your school a permission slip that must be signed by the student’s parent or guardian. When the slips have been returned, our team comes to the school with A WelchAllyn Suresight Screening Device. The device automatically measures and indicates abnormal readings-no provider interpretation is required. The device screens for common vision problems, including near and farsightedness (myopia/hyperopia), astigmatism (asymmetrical focus), and anisometropia (unequal power between eyes. The results (pass, referred for testing by a professional, not able to screen) are then put into an envelope with the child’s name on it and given to the school nurse to distribute. The total results are give to the nurse, and she is responsible for follow-up. The Lions will still be available to help anyone in financial need for follow-up testing by a professional and for glasses.

There is no charge by the Lions for this service, and the only records we will keep will be the number of children tested, the number passed, and the numbered referred.

We believe that this is an invaluable service to the children in our communities. Early detection of vision problems will help eliminate further vision deterioration and enhance academic achievement.

Together we can make a difference.

James C. Miles
Chairman Lions Preschool
Eyescreening
1-302-537-0942

PRESCHOOL VISION SCREENING CHECK LIST

Team Leader

1. Act as central contact point
2. Oversee entire process
3. Get list of qualified eye-care professionals in your area. Duplicate the list and staple to back of the referral form
4. Return envelopes to nurse/sponsor for distribution
5. Complete summary form and mail to: **James Miles, 29623 Colony Dr., Dagsboro, DE. 19939**
6. Assist with follow-up as requested by Program Coordinator

GENERAL SET UP:

1. Moderate lighting level.
2. No windows, reflective surfaces behind child or operator.
3. Waiting area, Titmus test area. SureSight and recorder area with power. Can be in one large room.

ESCORT:

1. Explain process to children.
2. Be sure child has consent form and envelope with name
3. Keep consent form and envelope with child
4. Escort child to Titmus Test. Conduct test.
5. Escort child to SureSight.

TITMUS TEST: (MAY BE DONE BY ESCORT OR 4TH TEAM MEMBER.)

1. Under 3 years old, No Test; 3 years old, Butterfly only; 4 to 6 years old, butterfly and animals.
2. Have child look at right side and animals before putting glasses on.
3. Have child look at right side through "Magic Sunglasses"
4. Ask what child sees. Should respond, "Butterfly."

5. Ask child to touch tips of butterfly wings. (Child's fingers should hover about 1 to 2 inches above the photo.
6. Explain animal test. You may have to describe what you expect from the child in several different ways to be sure there is understanding. Have child touch animal in each row that is closer or jumps up like the butterfly. Child should see all three animals, one in each row.
7. Mark results on form. Child should see the butterfly and 4 to 6 year olds should also see all three three-dimensional images. Failure to do so is a refer.

SureSight Operator:

1. Explain procedure to child.
2. Read child's right eye, then left.
3. Check reliability number of at least 6 for each eye.
4. Print out results.
5. Give child "A Lion Screened My Eyes" sticker.
6. Put SureSight on charger between uses. Be sure **recharge** lights come on.

Recorder:

1. Remove print out from printer.
2. Fasten SureSight print out to results form with Scotch tape **completely** across top and bottom. Put child's initials on the name line and child's date of birth on the date line.
3. Review readings for Titmus Test and SureSight.
4. Indicate results on Results Form. Be sure to check each failed SureSight test. At least one other person should verify the results.
5. Put appropriate letter to parent/guardian in child's envelope and seal. Be sure you put the correct letter in the child's envelope. Be sure child's name is on the envelope.
6. Hold envelopes and forms until screening is complete and give to Team Leader.

Nurse's Obligations

Before Screening:

Arrange screening date with principal and program coordinator (Please keep name and phone number of Lion's Coordinator)

Duplicate both sides of permission slips

Give permission slips to each home room teacher to be sent home with children (English or Spanish)

Two days before screening date, collect permission slips and have them and copies of class lists ready for coordinator. (Program coordinator will pick them up)

After Screening:

Nurse will receive the class lists back with notations (p=pass; r= referred; n.a.=not able) and she will receive envelopes for each child screened

Give envelopes to each home room teacher to send home with child

Maintain list of referral

After appropriate time(two weeks) contact parent or guardian of referred student to see if referral was done.

If not, ascertain reason. If problem is financial, contact Lion Program Coordinator for assistance.

Lions Vision Screening Consent Form.

The local Lions Club in your community is offering free vision screening for your child. A screening instrument will scan your child's eyes to detect the presence of vision problems which could place your child at risk for developing amblyopia ("lazy eye"). Your child's stereoscopic vision will also be screened. In these tests no physical contact is made with your child and eye drops are not necessary. The amblyopia or "lazy eye" testing has been shown to be approximately 85-90% effective in identifying the presence of vision problems.

Certain eye disorders, including ptosis and juvenile cataracts are not detectable by this screening method. No vision screening process is 100% accurate. If you have any concerns regarding your child's vision, you should consult an eye doctor. Children who are currently wearing eyeglasses or who are already under the care of an eye doctor do not need a screening and are not eligible for this program. If your child was previously screened by us, and passed the screening, it is not necessary to screen again since he or she was found not to be at risk for amblyopia.

This screening will be conducted by the (name) _____ Lions Club(s),
on _____ (date), at (location) _____

If you have questions or need more information, please contact:

_____ at (____) _____

I, the undersigned, hereby give permission for my child, (please print name) _____ to participate in the screening event. I understand the following regarding this program:

1. There is no charge for my child to participate in the vision screening process.
2. The information obtained from this vision screening is preliminary only, and does not constitute a diagnosis of vision problems.
3. I will be contacted by the program coordinator (typically the school nurse) with my child's screening results.
4. I understand that I am responsible for arranging for a full eye exam if my child has been referred as a result of the vision screening test, and give my permission for my doctor to share the evaluation results with the Lions Club.
5. I will not hold the Lions Club accountable for any errors of commission, omission or other misdiagnosis.

Please print the following Information:

Child's Name: _____
(First) (Middle) (Last)

Child's Age _____ Child's Date of Birth _____ Male _____ Female _____

Parent or Guardian's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____

Signature of Parent or Guardian: _____ **Date** _____

Vision screening in the lower portion of Delaware is conducted through the collective efforts of the Lions Clubs in this area, consisting of: Fenwick Island Lions Club, Georgetown Lions Club, Lord Baltimore Lions Club, Millsboro Lions Club, Selbyville-Indian River Lions Club and the Laurel Lions Club. (10/08)

Lions Vision Screening Result

Screener: Indicate the result of the child's screening below

Retake Original date _____ Session # _____

Pass: All of the SureSight criteria were less than the LCIF referral threshold and a reliability factor of 6 or more was attained for each eye. Also, the litmus Test (if given) was passed.

Refer One or more of the SureSight criteria met or exceeded the referral threshold, or the child failed the litmus Test.

NotScreened: We were unable to complete the screening.

Other/Remarks: _____

Notify the parents or school health coordinator of the above results by giving them the appropriate notification letter. If you have any questions about the results please call the Lions Preschool Vision Screening Program Coordinator at 302-537-0942

Child's Full Initials: _____ Child's DOB (mm/dd/yy): _____

LCIF Criteria For SureSight Referral

Check all that apply.

Myopia : S 1-1.00

Hyperopia: S >+4.25

Astigmatism: C >+2.2

Anisometropia : D >+3.00

Reliability must be 6 or higher

Note: the screener only displays one decimal place; the above numbers should be rounded up.

Titmus Test: Pass. <input type="checkbox"/> Fail. <input type="checkbox"/>
--

Ages 4-6: grabs butterfly's wings and all animals correct
 Age 3: grabs butterfly's wings
 Age 2 or less: N/A

Screeners: Write child's initials and DOB on screening printout and attach here (top and bottom) with clear transparent tape. If no printout is available, record the data here:	
Right	R _____
	S _____
	C _____
Left	R _____
	S _____
	C _____
	D _____

Lions Vision Screening Result

Screeners: Indicate the result of the child's screening below.

_____ **Pass:** All of the SureSight criteria were less than the LCIF referral threshold and a reliability factor of 6 or more was attained for each eye. Also, the Titmus Test (if given) was passed.

_____ **Refer:** One or more of the SureSight criteria met or exceeded the referral threshold, or the child failed the Titmus Test.

_____ **Not Screened:** We were unable to complete the screening.

_____ **Other/Remarks:** _____

Notify the parents or school health coordinator of the above results by giving them the appropriate notification letter. If you have any questions about the results please call the Lions Preschool Vision Screening Program Coordinator

Child's Full Initials : _____ Child's DOB (mm/dd/yy): _____

LCIF Criteria For SureSight Referral

Check all that apply:

___ Myopia : S \leq -1.00

___ Hyperopia : S \geq +4.25

___ Astigmatism: C \geq +2.2

___ Anisometropia : D \geq +3.00

Reliability must be 6 or higher

Note the screener only displays one decimal place; the above numbers should be rounded up.

Titmus Test: Pass _____ Fail _____

Ages 4-6: grabs butterfly's wings and all animals correct

Age 3: grabs butterfly's wings

Age 2 or less: N/A

Screeners: Write child's initials and DOB on screening printout and attach here (top and bottom) with clear transparent tape. If no printout is available, record the data here:

Right R _____

S _____

C _____

Left R _____

S _____

C _____

D _____

Program Office Use Only

Child's Session / Record # _____



Dear Parent or Guardian,

Your child has passed the vision screening. We were unable to detect a vision problem at this time.

Remember, vision screenings are not a substitute for a complete examination by a trained eye care professional. Consult your pediatrician if you suspect a vision problem in the future.

The Lions have prepared a list of qualified eye care professionals who are familiar with our screening program and can provide a complete pediatric eye examination for your child. Ask the coordinator of this program (typically the school nurse) for a copy of this list.

The Lions are the largest service organization in the world. Since 1925, we have worked to not only assist those with vision impairments but also to prevent blindness and vision problems. This screening program for preschool age children is just one of our many world-wide vision programs. For more information about the Lions, go to the Internet site: <http://www.lionsclubs.org/en/> or contact your local Lions Club.

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Dear Parent or Guardian,

Our vision screening indicates your child should be seen by an eye care professional. You should make an appointment soon for a complete pediatric eye examination for your child. A list of eye care professionals who are familiar with our screening program is attached for your information.

Once an appointment has been made, the coordinator of this program (typically the school nurse) can provide additional details of this screening to the eye care professional of your choice.

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Preschool Vision Screening Program (RSVSP) DOCTORS NETWORK

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Middletown

Halpern Eye Associates of Middletown
223 E. Main Street
Middletown, DE 19709
Phone: 302-376-1900
FAX: 302-376-5644

Colleen Everett, O.D.
Matthew Schaedler, O.D.

Jeffrey S. Filandro, O.D.
Middletown Eye Care
401A East Main Street
Ashley Plaza
Middletown, DE 19709
Phone: 302-378-8818
FAX: 302-378-2371

Milford

Halpern Eye Associates of Milford
Milford Professional Plaza
771 E. Masten Circle
Milford, DE 19963
Phone: 302-422-2020
FAX: 302-422-4507

Joel Halpern, O.D.
Bethany Lewallen, O.D.
James Boyland, O.D.
Laura Castillo, O.D.
Medhat Iskander, O.D.
Adam Schmidt, O.D.

Millville

Halpern Eye Associates of Millville
142 Atlantic Avenue
Millville, DE 19967
Phone: 302-537-0234
FAX: 302-537-0279

Timothy Westgate, O.D.
Troy Raber, O.D.
Adam Schmidt, O.D.
Aaron Yatskevich, O.D.

Seaford

Halpern Eye Associates of Seaford
1301 Bridgeville Highway
Seaford, DE 19973
Phone: 302-629-9197
FAX: 302-629-3335

Timothy Westgate, O.D.
Troy Raber, O.D.
Laura Castillo, O.D.
Aaron Yatskevich, O.D.

Susan Betts, O.D.
23094 Atlanta Road
Seaford, DE 19973
Phone: 302-629-6691
FAX: 302-629-7963

Selbyville

Sussex Eye Center
17 Lighthouse Rd.
Selbyville, DE.
Phone: 436-2020

502 W. Market St.
Georgetown, DE
Phone: 302-856-2020

Long Neck Rd.
Millsboro, DE.
Phone: 302-947-2020

Dr Carl Maschauer
Dr Jeff Hilovsky
Dr Havley Adams

Smyrna

Halpern Eye Associates of Smyrna
201 Stadium Street
Gateway North
Smyrna, DE 19977
Phone: 302-653-3400
FAX: 302-653-3461

Bethany M. Lewallen, O.D.
Matthew Schaedler, O.D.

Middletown

Halpern Eye Associates of Middletown
223 E. Main Street
Middletown, DE 19709
Phone: 302-376-1900
FAX: 302-376-5644

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Millville

Halpern Eye Associates of Millville
142 Atlantic Avenue
Millville, DE 19967
Phone: 302-537-0234
FAX: 302-537-0279

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Troy Raber, O.D.
Adam Schmidt, O.D.
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1301 Bridgeville Highway
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FAX: 302-629-3335

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Smyrna, DE 19977
Phone: 302-653-3400
FAX: 302-653-3461

Bethany M. Lewallen, O.D.
Matthew Schaedler, O.D.



Dear Parent or Guardian,

Unfortunately, we could not complete a screening of your child's vision at this time.

Remember, vision screenings are not a substitute for a complete examination by a trained eye care professional. Consult your pediatrician if you suspect your child may have a vision problem.

The Lions have prepared a list of qualified eye care professionals who are familiar with our screening program and can provide a complete pediatric eye examination for your child. Ask the coordinator of this program (typically the school nurse) for a copy of this list.

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Estimado Padre o Tutor,

Su hijo ha pasado el examen de la vista. No hemos encontrado problemas de vision en este momento. Recuerde que este examen no es un sustituto para un examen completo de la vista realizado por un oculista. Consulte a su pediatra si usted sospecha un problema de la vista en un futuro.

El Club de Leones ha preparado una lista de oculistas pediatricos que estan familiarizados con nuestro programa y pueden proporcionar un examen completo de los ojos de su hijo(a). Pregunte al coordinador de este programa (normalmente, la enfermera de la escuela) para obtener una copia de esta lista.

El Club de Leones es la organizacion mas grande del mundo con este servicio. Desde 1925, hemos trabajado no solo en asistir a aquellos que tienen problemas con la vista, sino tambien previniendo la ceguera.

Este programa para ninos pre-escolares es uno de los programas que tenemos alrededor del mundo. Para obtener mas informacion sobre el Club de Leones, usted puede ir al Internet: <http://www.lionsclubsorg/en/> o acercandose al Club de Leones local.

Los exámenes de la vista en la parte sur del estado de Delaware se realizan a traves de los esfuerzos colectivos de los Clubes de Leones en esta zona, y consisten en Club de Leones de Fenwick Island, Club de Leones de Georgetown, Club de Leones Lord Baltimore, Club de Leones Millsboro, Club de Leones de Selbyville-Indian River y Club de Leones Laurel.

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(P 10/08)



Estimado padre o tutor,

Nuestro examen de la vista indica que su hijo(a) debería de ver a un oculista. Usted debería de hacer una cita con el oculista pediátrico para que se le haga un examen de los ojos. Le estamos adjuntando una lista de oculistas pediátricos que están familiarizados con nuestro programa.

Cuando usted tenga la cita con el oculista, el coordinador del programa (generalmente la enfermera de la escuela) podrá darle más detalles al oculista de su gusto.

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(F 10/08)



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142 Atlantic Avenue
Millville, DE 19967
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FAX: 302-537-0279
Timothy Westgate, O.D.
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Adam Schmidt, O.D.
Aaron Yatskevich, O.D.

Seaford

Halpern Eye Associates of Seaford
1301 Bridgeville Highway
Seaford, DE 19973
Phone: 302-629-9197
FAX: 302-629-3335
Timothy Westgate, O.D.
Troy Raber, O.D.
Laura Castillo, O.D.
Aaron Yatskevich, O.D.

Susan Betts, O.D.
23094 Atlanta Road
Seaford, DE 19973
Phone: 302-629-6691
FAX: 302-629-7963

Selbyville

Sussex Eye Center
17 Lighthouse Rd.
Selbyville, DE.
Phone: 436-2020
502 W. Market St.
Georgetown, DE
Phone: 302-856-2020
Long Neck Rd.
Millsboro, DE.
Phone: 302-947-2020
Dr Carl Maschauer
Dr Jeff Hilovsky
Dr Havley Adams

Smyrna

Halpern Eye Associates of Smyrna
201 Stadium Street
Gateway North
Smyrna, DE 19977
Phone: 302-653-3400
FAX: 302-653-3461
Bethany M. Lewallen, O.D.
Matthew Schaedler, O.D.

Preschool Vision Screening Program (RSVSP) DOCTORS NETWORK

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223 E. Main Street
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Estimado Padre o Tutor

Lamentablemente, no hemos podido completar el examen de vision a su hijo en este momento.

Recuerde que este examen no es un sustituto para el examen completo de la vista realizado por un oculista. Consulte a su pediatra si ud sospecha un problema en el futuro.

El Club de Leones ha preparado una lista de oculistas pediatricos que estan familiarizados con nuestro programa y pueden proporcionar un examen completo de los ojos a su hijo. Pregunte al coordinador de este programa (generalmente, la enfermera de la escuela) para obtener una copia de esta lista.

El Club de Leones es la organizacion , mas grande del mundo con este servicio. Desde 1925, hemos trabajado no solo en asistir a aquellos que tienen problemas con la vista, sino tambien previniendo la ceguera.

Este programa para ninos pre-escolares es uno de los programas que tenemos alrededor del mundo. Para obtener mas informacion sobre el Club de Leones, usted puede ir al Internet: <http://www.lionsclub.org/en/> o acercandose al Club de Leones local .

Exámenes de vista en la parte sur del estado de Delaware se realizan a traves de los esfuerzos colectivos de los Clubes de Leones en esta zona, y consisten en Club de Leones de Fenwick Island, Club de Leones de Georgetown, Club de Leones Lord Baltimore, Club de Leones de Millsboro, Club de Leones de Selby-Indian River y Club de Leones Laurel.

(I 10/08)



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Quick Reference Guide v2.23

Pre-test Set-up

- Turn unit on by pushing any button
- Position the patient so that the test can be conducted so you are at **eye-level** and **square** with patient's eyes.



- Choose mode (child mode for 6 yr. and under) by holding button until you see the **desired icon** on the LCD



- Explain test procedure to the patient:
"Now I will check your eyes. Look at the red light in the middle of the blinking green lights."

Helpful Hints For Fast, Accurate Results

- Don't perform test by uncovered windows
- Dimmed light can help for those with small pupils, but too dim is difficult for those with dark irises
- Be sure the entry angle is straight and level
- Rotate unit to test left eye
- Remind patient to "Look at the red light" and monitor their fixation
- Match patient age and mode (these are noted on the print out)

Test Procedure

- Look through the peephole and align crosshair on pupil of patient's **right eye** (Left as you look at patient).
- Start at arms distance away from the patient
- Push **GO** button on the unit
- **Check that the patient is fixated correctly on the red light throughout the test.**
- Move in toward the patient until you hear the long steady tone with high chirps above it.



← Too Far:
You will hear slow, low pitched beeps
.....



← Too Close:
You will hear quick, high pitched beeps
.....



While the unit is acquiring data, you will hear a high-pitched chirping sound over the steady low tone. ○○○○

- Hold this position until you hear the "tah-dah" sound. The test of the right eye is complete.
(Testing automatically resumes after 1 second, so you do not need to press any buttons for the left eye test.)
- Without changing position, **rotate** the unit to the left eye and align the crosshair over the left pupil. Repeat test.
- At the end of the test, you will hear the "tah-dah" sound again.

If you are not acquiring data (steady tone without acquiring data chirps):

- Scan crosshair around pupil in an outward moving spiral until chirps begin, then hold this location
- Ask the patient if they can see the red light
- Aim high if testing through glasses
- Make sure patient's eyelids are not occluding pupil

Miscellaneous Information

To know if test was successful: If the unit has not gathered enough good readings from either eye, you will hear 5 tones when the test stops. - - - - You must re-test that eye.

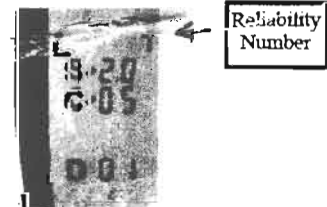
To stop test at any time: Hold any button until 5 tones sound.

To clear a reading: press the  button once.

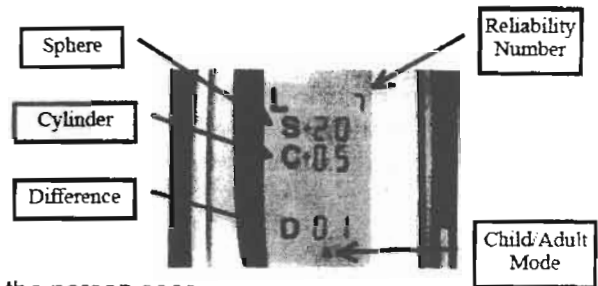
To retest an eye press the  button once to select eye to retest.

Reliability Number

Indicates the number of good readings obtained and their consistency based on a 1 to 9 scale (higher numbers are better)



- ≥6 is typically acceptable
- 5 is marginal / repeat the test if possible
- ≤4 is poor / repetition of the test is necessary
- ☆ If the patient did not appear to fixate on the unit during data acquisition, repeat the test.



Results

S is the **sphere**, or power of the eye measured in diopters. **Negative** numbers indicate myopia (near-sightedness), **positive** numbers indicate hyperopia (far-sightedness).

C is the **cylinder**, a measure of astigmatism, or **irregular** focus of the eye due to an uneven curvature of the cornea. This blurs some of what the person sees.

D is the **difference** in the mean spherical power between the two eyes (displayed in child mode only).

* An asterisk on a reading in child mode indicates the reading is in the referral range for a pre-schooler (using v2.23 guidelines).

Referral Criteria for v2.23

	Pre-school Ages	
Sphere	<p>MYOPIA Refer ≤ -1.0</p> <p>Normal</p> <p>HYPEROPIA Refer $\geq +4.25$</p> <p>-9.9* -4.0 -3.0 -2.0 -1.0 0.0 +1.0 +2.0 +3.0 +4.0 +5.0 +6.0 +9.9*</p>	
Cylinder	<p>Normal</p> <p>ASTIGMATISM Refer ≥ 2.2</p> <p>0 1.0 2.0 3.0 9.9*</p>	
Difference	<p>Normal</p> <p>ANISOMETROPIA Refer ≥ 3.0</p> <p>0 1.0 2.0 3.0</p>	

A +9.9 or -9.9 indicates a reading **outside the unit's measurement range, which signifies a referral.**

Charging Battery

With 15 minutes of on-time remaining, low-battery indicator will flash on the display.

When indicator is steady, battery must be charged.

It is recommended you purchase a spare battery that you keep charged. This will eliminate down time in screening.

Printing

Aim the IR sensor located below the sensor on the SureSight, at the IR sensor on the printer.

Hold the button down until you hear "tah-dah."

Keep the unit straight and level when pointing at printer.



The above referral criteria are suggested criteria only. It is important to agree upon referral criteria with the eye care specialist who will receive your referred patients.

For version 2.04 referral criteria, refer to your SureSight owners/users manual.

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**PreSchool Vision Screening Program (PSVSP)
22-W DOCTORS List**



Maryland

Cumberland

Dr. Shawn A. Ricker, O.D.
Cumberland Optical
50 Green Street
Cumberland, MD 21502
Phone: 301-722-4757
FAX: 301-722-4272

Dr. Stephen R. Powell, M.D.
Regional Eye Associates, Inc.
50 Green Street
Cumberland, MD 21502
Phone: 301-722-3500
FAX: 301-722-4272

Dr. Robert R. Mitter, O.D.
Eye Tech Vision
506 North Centre Street
Cumberland, MD 21502
Phone: 301-722-6480
FAX: 301-722-5363

LaVale

Dr. Michael A. Wolf, O.D.
United Optical
925 National Highway
LaVale, MD 21502
Phone: 301-729-2243
FAX: 301-729-1559

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Dr. Michael A. Wolf, O.D.
United Optical
925 National Highway
LaVale, MD 21502
Phone: 301-729-2243
FAX: 301-729-1559

Materials needed for screening:

1. WelchAllen SureSight Device
2. Butterfly/ Animal perception Test Kit
3. Ink Stamp of "A Lion Screened My Eyes" sticker
(Can be ordered at Staples for about \$35.00)
4. Lion stickers for children after screening,"A Lion Screened my eyes"
(Can be purchased from: Customized Stickers.com., 409 Brookside Dr., League City, Texas 77573, 5000 for \$564.00)

Consumable Supplies:

1. Envelopes for test results
(plain white Number 6 and $\frac{3}{4}$; 3and5/8 X 6and1/2 inches 100 for \$1.00)
(Result forms are printed two to a sheet; cut sheet in half and the result will fit nicely into the small envelope)
2. Pencils and pens \$5.00
3. Adhesive tape \$10.00
4. Two Reams of plain white paper for permission and result forms
(We ask the school nurses to print these for us) \$10.00
5. Ink for computer (If you print your own forms, the cartridges will need to be replaced) \$35.00
6. Tapes for device (5 in a case) \$29.00

Order from:

Delaware Valley Surgical Supplies
25 Creek Circle
Boothwyn, Pa.19061
610-485-4400
Catalogue number 6783-53600

Maintenance Parts:

1. Batteries
2. (WelchAllen , Part number 72420 \$156.00
3. Calibration every 18 months \$ 160.00

Other Items Needed:

A few good Lions or friends to help! Normal team should number 4 or 5.

Start up Procedures

1. Make appointment to see school nurse, principal, or Superintendent
2. Have copies of initial letter and permission forms(English and Spanish) to leave with them
3. Take along folder and show device, explain procedure
4. If they agree, ask if they can print and distribute the permission slips.
5. Make a date for testing
6. Get Lion Helpers:
 - a. Leader
 - b. student escort
 - c. Titmus test operator trained
 - d. SureSight operator(should have two) trained
 - e. Recorder trained
(If training is needed, contact Jim Miles 1-302-537-0942)
7. Two days(?) Before Screening Date:

Leader Picks up class lists and returned permission slips. He highlights or notates which students do not have permission. These students will be left in class.

Leader makes sure all materials needed for screening are there: camera, extra battery, charger, Titmus test, envelopes, pens, pencil, adhesive tape, stickers for kids, and copies of all referral forms.

TESTING DAY

Meet one half hour before start in order to set up

Escort will bring (6) students at a time for testing.

Give Titmus test first.

SureSight Test. If one operator cannot get result, let other try. In a few cases, you may not be able to get result

Recorder writes test result, and puts appropriate message in envelope with student's name.
(All envelopes should look the same. Do NOT separate them into, pass, referred, etc.)

AFTER TESTING

Leader gives class lists, marked with "P", "R", or "NA next to child's name and all the envelopes to school nurse.

Leader will complete summary report and mail to: James C. Miles, chairperson
29623 Colony Dr
Dagsboro, DE. 19939

Leader will thank his workers and take them out for a drink(!?)

Keep all communications with school contact person, especially name and phone number for next year.

FOLLOW UP

Two weeks(?) after testing, contact Nurse again.

Check on referrals

See if parents need financial help for doctor's visit or glasses. Try to get some follow up on the referrals. Keep record of numbers, not names

Fill Out Follow up form and mail to: James Miles, chairperson
29623 Colony Dr.
Dagsboro, DE. 19939

Team Leader Follow up Form

Testing Center _____ Date of Testing _____

Lions Club _____ Team Leader _____

Number of Students who were referred _____

Number who have made doctor's appointments and/or have gone to doctors _____

Number needing glasses, etc. _____

How can we make this better or easier next year? _____

—

Special Commets _____

Mail to: James C. Miles, Chairperson
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