

FAR VISION SCREENING PROCEDURE SNELLEN CHART OR GOOD LITE MACHINE

PURPOSE: To identify students who may have a vision problem.

ACTION TO BE PERFORMED BY: Person who has been trained by the school RN.

ACTION	POINTS OF EMPHASIS
Place acuity chart so that there is no glare on the chart and no distracting items on the wall behind chart.	Chart should be placed at the approximate eye level of the student to be screened. Avoid areas where distracting noise or activity would interfere with screening.
Place line on floor to mark testing distance.	Mark with a line on the floor, the precise distance necessary from the chart (10 or 20 feet depending on the chart used).
Have the student stand with heels touching the line or sit in a chair with the back legs of the chair touching the line.	Ask the student if he/she wears glasses for distance. If so, have the student wear those glasses for screening.
Cover the right eye with a clean occluder. Do not put pressure on the eye as it is covered. Direct student to keep both eyes open.	Occluder could be a hand, cup, paper towel, etc.
Test the left eye. Instruct student to read the letter or symbol at which you point. Start pointing at the 20/50 line or higher and move down to the 20/40 or 20/30 line depending upon grade.	<p>Pass = able to read <u>MORE than half</u> the symbols or letters on the line.</p> <ul style="list-style-type: none"> ♦ Kindergarten: 20/40 passes ♦ Grades 1 and above: 20/30 passes <p><u>Record left eye result</u> before testing right eye to avoid error.</p>
Cover the left eye and test the right eye as described above.	Record acuity level for right eye.
<u>If student FAILS</u>, notify school RN who will re-screen. After the re-screen, document the screening on the SIS Vision Screening Tab. Call the School Health Office to report the referral.	Provide results to person who requested the screening.
<u>If student PASSES</u> the screening, document the screening on the SIS Vision Screening Tab.	Provide results to person who requested the screening.
Document <u>either</u> the ESE Screening <u>or</u> the Vision screening on the SIS Health Log Visit.	Must be one or the other, do not choose Vision (ESE) and Vision (Health Aide).

FAR VISION SCREENING SKILLS CHECKLIST SNELLEN CHART OR GOOD LITE MACHINE

**Contact your school RN for your performance check and form completion.*

Name: _____ School: _____

SKILLS	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
Place acuity chart so that there is no glare on the chart and no distracting items on the wall behind chart.		
Place line on floor to mark testing distance.		
Have the student stand with heels touching the line or sit in a chair with the back legs of the chair touching the line.		
Cover the right eye with a clean occluder. Do not put pressure on the eye as it is covered. Direct student to keep both eyes open.		
Test the left eye. Instruct student to read the letter or symbol at which you point. Start pointing at the 20/50 line or higher and move down to the 20/40 or 20/30 line depending upon grade.		
Cover the left eye and test the right eye as described above.		
If student FAILS, notify school RN who will re-screen. After the re-screen, document the screening on the SIS Vision Screening Tab. Call the School Health Office to report the referral.		
If student PASSES the screening, document the screening on the SIS Vision Screening Tab.		
Document <u>either</u> the ESE Screening <u>or</u> the Vision screening on the SIS Health Log Visit.		

Preceptor's Signature _____ Initials _____ Date _____

Preceptee's signature _____ Initials _____ Date _____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

Place original in Medication Log Binder in Health Room.