

Indiana School Vision Screening Summary Sheet For Optometrists

TESTING PROCEDURES

Modified Clinical Technique (MCT): all tests performed on Kindergarten or First Grade students--to be performed by optometrist or ophthalmologist and their staff

Vision Screening: Measurement of Visual Acuity only (Distance and Near) Third, Fifth and Eighth grade students or any student with a suspected visual defect can be performed by school nurse and/or health aide

EQUIPMENT NEEDED

- | | |
|---|---|
| <input type="checkbox"/> Cover Paddle | <input type="checkbox"/> Loose Lenses, Lens Bar, etc. for Retinoscopy |
| <input type="checkbox"/> Acuity charts distance and near | <input type="checkbox"/> Working Distance Glasses (optional) |
| <input type="checkbox"/> Prism bars or loose prisms | <input type="checkbox"/> Penlight / Transilluminator |
| <input type="checkbox"/> Stereopsis Targets with Spectacles | <input type="checkbox"/> Ophthalmoscope |
| <input type="checkbox"/> Retinoscope | <input type="checkbox"/> Alcohol Pads and Tissues |

MODIFIED CLINICAL TECHNIQUE (MCT)

Visual Acuity	<input type="checkbox"/> The optometrist must use one of the following acuity tests: Snellen Chart Sloan Letters HOTV LEA Symbols <input type="checkbox"/> Can be performed at either 10ft or 20ft, depending on chart calibration
Binocularity	<input type="checkbox"/> Cover test should be performed at distance and near looking for ocular misalignment (manifest deviation or high phoria amounts) <input type="checkbox"/> Near stereopsis testing with local or global stereo targets
Refractive Error	<input type="checkbox"/> Retinoscopy with loose lenses or a lens bar. Use of +1.50 glasses allows for relaxation of accommodative system.
External Eye Health	<input type="checkbox"/> The ocular adnexa, conjunctiva and cornea of eyes shall be observed in a room with normal illumination and with illumination of a penlight.
Internal Eye Health	<input type="checkbox"/> The anterior chamber, iris, posterior chamber, lens, vitreous, optic nerve head and retina shall be observed with a direct ophthalmoscope.

REFERRAL CRITERIA

Visual Acuity

- Unable to read 20/30 at distance with either eye
- Two (2) lines or more of difference between the two eyes' acuities
- Unable to read 20/30 line at 14 inches using both eyes (20/32 at 16 inches)

Refractive Error

- Refraction of +2.00 D or greater
- Refraction of -1.00 D or greater
- Astigmatism of 1.00 D or greater
- Anisometropia of 1.00 D or greater

Eye Health

- Any observed anomaly which poses risk to visual or ocular system

Binocularity

- Manifest deviation (tropia) of any size
- Latent deviation (phoria) of 10Δ of exodeviation
- Latent deviation (phoria) of 8Δ of esodeviation
- Lack of stereo acuity

REPORTING DATA

The nurse is required to report to the State of Indiana. Please provide the following information FOR EACH STUDENT:

- | | |
|--|---|
| <input type="checkbox"/> Overall Pass or Refer | <input type="checkbox"/> With referrals which test(s) prompted the referral |
| <input type="checkbox"/> Visual Acuity Distance and Near | <input type="checkbox"/> MCT or Screening |

Indiana School Vision Screening Summary Sheet For School Nurses and Health Aides

TESTING PROCEDURES

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EQUIPMENT NEEDED FOR VISION SCREENING

Distance Visual Acuity Chart

- Needs to be a chart with one of the following optotypes:

Snellen chart

Sloan Letters

HOTV

LEA Symbols

- Can be either performed at 10ft or 20ft, depending upon chart calibration

Near Visual Acuity Chart

REFERRAL CRITERIA FOR VISION SCREENING

Visual Acuity

- Unable to read at least half of the 20/30 line at distance with either eye
- Two (2) lines or more of difference between the two eyes' acuities
- Unable to read at least half of the 20/30 line at 14 inches using both eyes (20/32 at 16 inches)

EQUIPMENT, SPACE AND PERSONNEL FOR MCT (Confirm with doctor performing screening)

- One to two rooms to perform tests - Room(s) need to be able to darken to perform some of the testing
- Tables and chairs for doctor and staff
- Screening forms (unless doctor provides)
- Television with DVD player
- DVD appropriate for school aged children
- Contact person at each school
- Individual to bring kids to the screening room(s)

INFORMATION TO BE REPORTED TO THE STATE OF INDIANA

- | | |
|---|---|
| <input type="checkbox"/> Number of students tested by grade | <input type="checkbox"/> Name of individual supervising testing |
| <input type="checkbox"/> Number by grade screened with MCT | <input type="checkbox"/> Number by grade screened by vision screening |
| <input type="checkbox"/> Number by grade who passed | <input type="checkbox"/> Number by grade referred for further testing |

WHERE CAN I FIND MORE INFORMATION ABOUT VISION SCREENINGS?

Current State Law

Indiana OPTOMETRY/Indiana Optometric Association

Indiana University School of Optometry

<http://www.in.gov/legislative/bills/2013/SE/SE0553.1.html>

www.ioa.org

www.optometry.iu.edu



SCHOOL OF OPTOMETRY

INDIANA UNIVERSITY
Bloomington