WESTERN
School Division
Morden, Manitoba

"Rooted In Caring; Committed to Learning"

Unit 4 - 75 Thornhill Street
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Dear Parents/Guardians:

With its ongoing commitment to provide the best opportunities for students to achieve success, Western School Division is pleased to support the **Eye See...Eye Learn** program. This program was developed by the Canadian Association of Optometrists with support from Alberta Education.

Eye See...Eye Learn is based on research that confirms the importance of vision and eye health on a student's success in learning. According to statistics provided by the Canadian Association of Optometrists, four out of every ten school-aged children have a vision problem that may negatively affect learning. Children who cannot see the board clearly, focus on a picture, or follow words in a book may not be able to reach their full potential.

Near or far-sightedness, poor eye tracking, focusing or coordination, or amblyopia (sometimes called "lazy eye") are examples where early diagnosis can prevent future or more complex vision problems.

Even though Manitoba Health covers the cost of children's comprehensive eye examinations, less than twenty per cent of children access this **free** service before they begin school. Western School Division recognizes the important link between eye health and learning, and recommends comprehensive eye health examinations for all children entering kindergarten.

When your child does receive a comprehensive eye health examination, please request that your eye doctor complete the enclosed form and return the yellow copy to your child's teacher.

If you don't currently have a family optometrist, you can find one in our area by looking in the yellow pages under "optometrist", or call the Manitoba Association of Optometrists at 204-943-9811.

Sincerely,

Marianne Fenn, Assistant Superintendent
Western School Division

Eye See...Eye Learn® EYE EXAM FORM

FORMULAIRE D'EXAMEN DE LA VUE

The white copy is kept by the optometrist, the yellow copy is to be returned to the school, and the pink copy is for the family or family physician - La copie blanche est pour l'optométriste, la jaune pour l'école et la rose est pour la famille ou le médecin de famille

Please use ballpoint pen and press firmly - Veuillez utiliser un stylo bille et appuyer fermement

IDENTIFYING INFORMATION - RENSEIGNEMENTS D'IDENTIFICATION

Student Name (Last, First) - Nom de l'étudiant (nom, prénom)

Name of School - Nom de l'école

Year of Birth - Année de naissance

Grade - Classe

Classroom Teacher - Enseignant

This section to be completed by the Optometrist - Cette section doit être complétée par l'optométriste

CASE HISTORY - ANTÉCÉDENT

Ocular History - Antécédents oculaires ❑ Normal Positive for - Positif pour: _____

Medical History - Antécédents médicaux ❑ Normal Positive for - Positif pour: _____

Family History - Antécédents familiaux: _____

Unaided Acuity
Acuité sans correction OD 20 / ____ OS 20 / ____

Best Corrected
Meilleure acuité visuelle OD 20 / ____ OS 20 / ____

Binocular Vision:
Vision binoculaire: ❑ Normal - Normale ❑ Abnormal - Anormale

Details - Détails: _____

DIAGNOSIS - DIAGNOSTIC

❑ Normal ❑ Myopia - Myopie ❑ Hyperopia - Hypermétropie ❑ Astigmatism - Astigmatisme ❑ Strabismus - Strabisme ❑ Amblyopia - Amblyopie

Colour Vision - Perception visuelle des couleurs ❑ Normal ❑ Colour Deficient - Déficient ❑ Further Testing Required - Tests supplémentaires requis

Depth Perception - Perception de la profondeur ❑ Present - Présent ❑ Further Testing Required - Tests supplémentaires requis

Other - Autre: _____

Please provide information on issues that may affect reading and learning - Veuillez donner l'information sur les problèmes qui pourraient influencer la lecture ou l'apprentissage

RECOMMENDATIONS - RECOMMANDATIONS

1. Corrective Lenses - Lentilles ophtalmiques: ❑ No - Non ❑ Yes - Oui

   Glasses should be worn for - Les lunettes doivent être portées pour:

   ❑ Constant Wear - Port régulier ❑ Near Vision - Vision de près ❑ Far Vision - Vision de loin ❑ May be Removed for Physical Education - Peuvent être ôtés pour l'éducation physique

2. Preferential seating recommended:
   Place préférentielle recommandée au sein de la classe: ❑ No - Non ❑ Yes - Oui Comments: commentaires: _____

3. Recommended re-examination:
   Nouvel examen recommandé: ❑ 3 months mois ❑ 6 months mois ❑ 12 months mois ❑ Other: Autre: _____

Date of Exam:
Date de l'examen: _____

Print Name:
Nom en lettres moulées: _____
Optometrist - Optométriste

Address:
Adresse: _____

_____

Signature: _____
Optometrist - Optométriste

Consent of Parent or Guardian - Consentement du parent ou du gardien

I agree to release this information on my child/ward to the appropriate school, health authorities and ***Eye See...Eye Learn®*** program - J'accepte que les présents renseignements concernant mon enfant/pupille soient transmis à l'école, aux autorités sanitaires et au programme ***Eye See...Eye Learn®***

_____
(Parent's/Guardian's Signature - Signature des parents/gardiens)

Is this my child's first eye exam?
Premier examen oculaire pour mon enfant? ❑ Yes Oui ❑ No Non

To find an optometrist - Pour trouver un optométriste: www.mb-opto.ca/find-an-optometrist

If you have any questions regarding this form, please contact the Manitoba Association of Optometrists
Si vous avez des questions concernant ce formulaire, veuillez communiquer avec l'Association des optométristes du Manitoba

204-943-9811 ◆ mao@mb-opto.ca ◆ www.mb-opto.ca

Optometrists' Offices: FAX this form to the Manitoba Association of Optometrists at 204-943-1208