

Unit 4 – 75 Thornhill Street Morden, Manitoba Canada R6M 1P2

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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 which confirms the importance of vision and eye health on 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 a few examples of where early diagnosis can effectively prevent future or more complex vision problems.

Even though Manitoba Health covers the cost of Children's comprehensive eye examinations, less than twenty percent 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 @ 943-9811.

Sincerely,

Cyndy Kutzner

Assistant Superintendent

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
⊵ CASE HISTORY - ANTÉCÉDENT	
Ocular History - Antécédents oculaires	Positive for - Positif pour:
Medical History - Antécédents médicaux	Positive for - Positif pour:
Family History - Antécédents familiaux:	
Ocular History - Antécédents oculaires Medical History - Antécédents médicaux Family History - Antécédents familiaux: Unaided Acuity Acuité sans correction Best Corrected Meilleure acuité visuelle OD 20 / OS 20 / Best Corrected Meilleure acuité visuelle OD 20 / OS 20 / DIAGNOSIS - DIAGNOSTIC Normal Myopia - Myopie Hyperopia - Hypermétro Colour Vision - Perception visuelle des couleurs Depth Perception - Perception de la profondeur Other - Autre: Please provide information on issues that may affect reading and RECOMMENDATIONS - RECOMMANDATIO 1. Corrective Lenses - Lentilles ophtalmiques: Glasses should be worn for - Les lunettes doivent Constant Wear - Port régulier Near Vision - Vision d 2. Preferential seating recommended: Place préférentielle recommandée au sein de la cla 3. Recommended re-examination: Nouvel examen recommandé:	Vision binoculaire.
DIAGNOSIS - DIAGNOSTIC	
Normal Myopia - Myopie Hyperopia - Hypermétro	opie 🔲 Astigmatism - Astigmatisme 🔲 Strabismus - Strabisme 🔲 Amblyopia - Amblyopi
Colour Vision - Perception visuelle des couleurs 🔲 Normal	☐ Colour Deficient - Déficient ☐ Further Testing Required - Tests supplémentaires requis
Depth Perception - Perception de la profondeur Present - P	Présent
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 - RECOMMANDATION	ONS
1. Corrective Lenses - Lentilles ophtalmiques:	No - Non
Glasses should be worn for - Les lunettes doivent	·
Constant Wear - Port régulier Near Vision - Vision d	e près
2. Preferential seating recommended: Place préférentielle recommandée au sein de la cla	Sse: No - Non Yes - Oui Comments: commentaires:
3. Recommended re-examination: Nouvel examen recommandé:	☐ 6 months mois ☐ 12 months Autre:
Date of Exam: <u>Date de l'examen:</u>	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,
Print Name: <u>Nom en lettres moulées:</u> Optometrist - Optométriste	health authorities and <i>Eye SeeEye Learn</i> ° program - l'accepte que les présents renseignements concernant mon enfant/pupille soient transmis à l'école, aux autorités sanitaires et au programme <i>Eye SeeEye Learn</i> °
Address:	autorites sumtaines et du programme 270 seem270 200 m
Adresse:	(Parent's/Guardian's Signature - Signature des parents/gardiens)
Signature: Optometrist - Optométriste	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



Dear Parent/Guardian,

Upon entering Kindergarten, your child is due for his/her school entry immunizations. Immunization has saved more lives in Canada in the last 50 years than any other medical intervention. Immunizations help your immune system to recognize and fight bacteria and viruses that cause diseases.

Manitoba Health's recommended immunizations for children 4-6 years include the following:

- ➤ MMRV vaccine (Measles, Mumps, Rubella, Varicella)
- Tdap-IPV vaccine (Tetanus, Diphtheria, Pertussis, Polio)

Immunizations in Manitoba are voluntary and only given with the consent of the parent or legal guardian.

These immunizations can be given free of charge by your family doctor or by a Public Health Nurse at the Child Health Clinics. The Child Health Clinics are located at Boundary Trails Health Centre. Please call 204-331-8841 if you wish to make an appointment.

The role of the Public Health Nurse in schools is to act as a resource linking schools to information and resources, providing school-based immunizations in designated grades as per Manitoba Health schedule, and follow-up on reportable communicable diseases.

Here are some resources you may find helpful as a parent:

Immunize Canada: Up-to-date information on immunizations https://immunize.ca/

Caring for Kids:

Information for parents from Canada's paediatricians https://www.caringforkids.cps.ca/wellbeings/wellbeings index

The Attachment Network of Manitoba/Parenting resources: 10 things your school aged child wants you to know https://attachmentnetwork.ca/wp-content/uploads/2015/09/APN_SA_low-rez.pdf

Manitoba Health website:

Find topics such as Lice, Mumps, Pertussis, Lyme Disease http://www.gov.mb.ca/health/publichealth/atoz diseases.html

Please feel free to contact the Public Health Nurses at 204-331-8841 if you have any concerns or for more information.

Sincerely,

Public Health Nurses Boundary Trails Health Centre