

**WESTERN**  
School Division  
Morden, Manitoba

*"Rooted In Caring;  
Committed to Learning"*



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Dear Parents/Guardians,

As part of our 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 Alberta Association of Optometrists with support from the Government of Alberta and Alberta Education and has now been successfully implemented in many Canadian provinces.

**Eye See...Eye Learn**® is based on research that confirms the importance of vision and eye health on students' 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 may not reach their full potential if they can't see the board clearly, focus on a picture, or follow words in a book. As well, early diagnosis can prevent future or more complex vision problems.

Manitoba Health covers the cost of children's eye exams; however, less than twenty percent of children access this 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 sees the optometrist, please ask them to complete the enclosed form.** Two copies will be returned to you by the optometrist: the yellow copy should be given to your child's teacher; and the pink copy can be kept by you or given to your family doctor.

If you don't currently have a family optometrist, you can find one by going to the MAO website at [www.optometrists.mb.ca](http://www.optometrists.mb.ca) and selecting *Find an Optometrist*, or by calling the Manitoba Association of Optometrists at 204-943-9811.

Sincerely,

A handwritten signature in blue ink that reads "Carla Wiebe".

Carla Wiebe

Student Services Administrator



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  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:  No - Non  Yes - Oui  
Place préférentielle recommandée au sein de la classe: \_\_\_\_\_ Commentaires: \_\_\_\_\_

3. Recommended re-examination:  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?  Yes  No  
Premier examen oculaire pour mon enfant?  Oui  Non

To find an optometrist - Pour trouver un optométriste: [www.mb-opto.ca/find-an-optometrist](http://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](mailto:mao@mb-opto.ca) ♦ [www.mb-opto.ca](http://www.mb-opto.ca)

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

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