

MEDWAY NHS FOUNDATION TRUST
MEDWAY MARITIME HOSPITAL, WINDMILL ROAD,
GILLINGHAM, KENT, ME7 5NY. Tel: 01634 830000

COMMUNITY CHILD HEALTH DEPT
VISION SCREENING, RESIDENCE 13 Ext 5313

Dear Parent / Guardian

Your child's school will be visited by an Orthoptist (children's eye specialist)

On **Wednesday 17th January 2018 (all day)**

Your child will be tested to make sure that they do not have significantly reduced vision in one or both of their eyes and to check that they use their eyes together as a pair. These tests are intended to be easy, fun and do not rely on your child knowing their letters. They are designed to see if your child has blurred vision suggesting they may need glasses, or if they have a large constant squint or a lazy eye.

If your child is found to have reduced vision, or cannot use their eyes together as a pair, then the Orthoptist will do a few more tests with them to work out who they need to be referred to for further investigations and treatment. If this is the case you will be contacted following the Orthoptists visit.

A small number of children who have very small squints, squints which are not there all the time, or another mild eye muscle weakness, pass the tests because they see well in each eye and can use their eyes together. For a small number of these children these minor problems can get worse as they get older causing headaches and blurred vision. If your child passes the vision screening test you will be given more information on what to look for and what to do if you suspect there is a problem in the future.

You do not need to be with your child for the test, but if you wish to be present please telephone the Vision Screening Office at Medway Hospital on 01634 830000 ext 5313. The office is open between 9am and 3pm Monday to Friday or you can leave a message at other times.

If your child already sees an Orthoptist or has glasses prescribed by an Optician it is not necessary for them to have this screening test done. If you do not wish your child to be tested for this or for any other reason please return the form below to your child's school before the date above. If no form is received it will be assumed that you would like your child's vision tested and they will be seen.

PLEASE ONLY RETURN THIS FORM IF YOU DO NOT WANT YOUR CHILD TO BE SEEN

Yours sincerely

Mrs. Dani Dudley
Community Orthoptist

I **do not wish** my childto have an eye test by the Orthoptist.

My child **does/does not** already see an Orthoptist/Optician at

Signature