Elks Program for Children with Disabilities
Since 1950

Your child participated in a screening provided at no charge through donations by the ELKS of CALIFORNIA and HAWAII.
Please understand that this screening is not a substitute for an eye doctor's examination.

Screening Date(s): April 13th & 14th, 2023 **Site** 2144-Pasadena Christian Preschool

( ) Your child's vision screening results appear age appropriate. ____
( ) Tested with glasses ____

( ) It appears that your child may have a vision problem. We therefore recommend a professional eye examination by an EYE DOCTOR. Please contact Kimberly Anderson, Team Leader, Pediatric Vision Screener at (949) 218-3594 to discuss the screening results and recommendations. Your child's screening results will be mailed to you at the address listed below. ____

( ) Visual Acuity tested with glasses suggests checkup, unless monitored by Eye Doctor. ____

( ) It appears that your child may have a vision problem. A Referral to an eye doctor is not being made because this Screener was told by _____ that your child is under the care of a physician/specialist. ____

( ) It appears that your child may have a vision problem. A Referral to an eye doctor is not being made because this Screener was told by _____ that your child has prescription glasses but the glasses were not available at this screening. The Visual Acuity test suggests glasses may need to be worn on a regular basis. ___

( ) This Screener was unable to complete the screening. ____

( ) Your child was absent from the screening. ____

(*= PRINT OR TYPE MANDATORY INFORMATION)

Child's
***Last:** _____

***First:** _____

***Gender:** ( ) Female ( ) Male

***DOB:** ___ ___ / ___ ___ / ___ ___

Guardian: _____
Mailing Address: _____
City, State Zip: _____

Phone #: ( ) _____

Email: _____

Certified Pediatric Vision Screener
Kimberly Anderson, Team Leader, Pediatric Vision Screener
(949) 218-3594 kandersonpvs@chea-elks.org