Date:_____/_____/_____ Location:_____Screener:_____

VISION SCREENING INFORMATION SHEET AND CONSENT FORM

Hoja de información de la evaluación de la vista y hoja de consentimiento

Child Information	Contact Information
First name:_____ *Nombre primer*	**Mailing address:**_____ *Domicilio de correo* _____
Last name:_____ *Nombre apellido*	City:_____ *Ciudad* Zip: _____ *Código de postal*
Date of Birth:_____/_____/_____ *Fecha de nacimiento*	**Best way to contact:** *La mejor manera de ponerse en contacto:*
Age: ☐ 3 ☐ 4 ☐ 5 *Edad* ☐ **Female** *Femenino* ☐ **Male** *Masculino*	☐ **Phone:**_____ ☐ **Email:**_____
	☐ **Text message:**_____ **English Speaking?** *¿Habla inglés?* ☐ **Yes** *Si* ☐ **No** *No*

Many preschool-aged children have vision problems, but it is not always obvious when a vision problem is present. These problems include lazy eye, crossed eyes and blurred vision caused by nearsightedness, farsightedness or astigmatism. Children who are referred after a screening frequently require treatment. If these problems are detected early enough, there is a good chance that the problem can be treated and won't become permanent.

The Elks Children's Eye Clinic in Casey Eye Institute at Oregon Health and Science University supports this Preschool Vision Screening Program as a public health service. Teachers, nurses and volunteers are trained to perform the screening. Simple tests are used to measure distance and depth perception. The screening tests are not the same as having a complete eye examination. If the vision screening suggests that your child may have an eye problem, we strongly recommend that he/she see an ophthalmologist or optometrist for a comprehensive, dilated eye exam.

The Casey Eye Institute is conducting a research study on the results of these screenings. If you agree to participate in this research, the results of your child's vision screening will be entered into a computer database. We may also contact you to ask you if you have any questions or if you need help finding an eye care specialist for a complete eye examination or assistance with the treatment plan. We will obtain the eye exam results and enter them into a computer database. These results will help determine if the screening tests are good enough or if they should be changed. Casey Eye Institute will maintain the confidentiality of your child's information in accordance with all applicable state and federal laws and regulations. Any information that could identify your child and family will not be used without your permission. You will be given a copy of this consent form. ALL INFORMATION YOU GIVE WILL BE KEPT CONFIDENTIAL.

☐ **I give my consent to the disclosure of the above information.**
Doy mi autorizaci ón para revelar la información mendionada arriba.

☐ **I do not give my consent to the disclosure of the above information.**
No doy mi autorizaci ón para revelar la información mencionada arriba.

Signature parent or guardian / *Firma del padre o guardián*_____**Date**/ *Fecha* _____

VISION SCREENING RESULTS / *RESULTADOS DE LA REVISIÓN DE LA VISTA*

If child has prescription glasses, DO NOT SCREEN without them on.
Si el niño usa anteojos recetados, no se hará la revisión sin los anteojos.

FIRST SCREENING	SECOND SCREENING
Glasses? ☐ **Yes** / *Si* ☐ **No** / *No*	**Glasses?** ☐ **Yes** / *Si* ☐ **No** / *No*
Electronic Screening Device: ☐ **PASS**/*Paso* ☐ **REFER**/*Remita*	**Electronic Screening Device:** ☐ **PASS**/*Paso* ☐ **REFER**/*Remita*

FIRST SCREENING RECOMMENDATION

☐ **PASSED** *Aprobado*
☐ **RESCREEN NEEDED** (within 6 months) *Otra evaluación es necesaria: (Dentro de 6 meses)*
☐ **TAKE CHILD TO AN EYE DOCTOR** *Lleve al niño(a) a un oftalmólogo*

SECOND SCREENING RECOMMENDATION

☐ **PASSED** *Aprobado*
☐ **RESCREEN NEEDED** (within 6 months) *Otra evaluación es necesaria: (Dentro de 6 meses)*
☐ **TAKE CHILD TO AN EYE DOCTOR** *Lleve al niño(a) a un oftalmólogo*

OHSU Casey Eye Institute • Elks Children's Eye Clinic Preschool Vision Screening Program
3375 SW Terwilliger Boulevard • Portland, OR 97239 • 503-545-8114 • Fax: 503-494-3361
The Oregon State Elks Association generously supports the Preschool Vision Screening Program

Muchos niños en edad prescolar tienen problemas de la vista, pero estos problemas no siempre son evidentes. Estos problemas incluyen ambliopía, estrabismo y visión borrosa causada por la miopía, la hipermetropía o el astigmatismo. Los niños que son referidos después de una prueba de detección con frecuencia requieren tratamiento. Si estos problemas se detectan a tiempo, hay una buena oportunidad que el problema pueda ser tratado y no se convierta en permanente.

El Elks Children's Eye Clinic en Casey Eye Institute en Oregon Health and Science University apoya a este programa de examen de la vista como un servicio de salud pública. Los maestros, enfermeras y voluntarios están capacitados para realizar las pruebas de detección. Las pruebas simples se utilizan para medir la distancia y profundidad de percepción. Las pruebas de detección no es igual a realizarse un examen ocular completo. Si el examen de la vista indica que su hijo tiene un problema de visión, le recomendamos firmemente que él/ella visite a un oftalmólogo u optometrista para un examen completo del ojo dilatado.

El Casey Eye Institute está realizando un estudio de investigación acerca de los resultados de estas pruebas de detección. Si usted acepta participar en esta investigación, los resultados de las pruebas de detección de la vista de su hijo(a) serán ingresados en una base de datos por computadora. También podemos comunicarnos con usted para preguntarle si tiene alguna pregunta o si necesita ayuda para encontrar un oftalmólogo para un examen ocular completo o ayuda con el plan de tratamiento. Nosotros obtendremos los resultados del examen de la vista y los ingresaremos a la base de datos por computadora. Estos resultados ayudarán a determinar si las pruebas de detección son lo suficientemente buenas o si se deben cambiar. Casey Eye Institute mantendrá la confidencialidad de la información de su hijo(a) de acuerdo con todas las leyes y regulaciones estatales y federales. Cualquier información que pueda identificar a su hijo(a) y familiares no serán utilizadas sin su permiso. Se le entregará una copia de este formulario de consentimiento. Toda la información que proporcionará será confidencial.

Y MHOrIIIX AeTeV AOwKOnbHOrO BO3paCTa eCTb npO6neMl CO 3peHIIIeM, OAHaKO OHIII He BCerAa O4eBIIIAHl. B 4IIICnO fiTIIIX npO6neM BXOAIIIT aM6nIIIOnIIIfl, KOCOrna3IIIe III 3aTyMaHeHHOe 3peHIIIe, Bl3BaHHle 6nIII3OpyKOCTb–, AanbHO3OpKOCTb– IIInIII aCTIIIrMaTIII3MOM. ,[\eTIII, KOTOple nOny4a–T HanpaBneHIIIe nOCne CKpIIIHIIIHr-TeCTa, 4aCTO Hy>KAa–TCfl B ne4eHIIIIII. ,[\IIIarHOCTIIIKa fiTIIIX 3a6OneBaHIIIV Ha paHHIIIX CTaAIIIflX yBenIII4IIIBaeT waHCl Ha IIIX III3ne4eHIIIe III nOMOraeT He AaTb IIIM nepeVTIII B XpOHIII4eCKy– ¢OpMy.

,[\eTCKafl O¢TanbMOnOrIII4eCKafl KnIIIHIIIKa Elks (Elks Children's Eye Clinic) npIII O¢TanbMOnOrIII4eCKOM IIIHCTIIITyTe Casey Eye Institute YHIIIBepCIIITeTa 3AOpOBbfl III HayKIII wTaTa OperOH (Oregon Health and Science University) nOAAep>KIIIBaeT AaHHy– npOrpaMMy Preschool Vision Screening Program (npOrpaMMa npOBepKIII 3peHIIIfl y AOwKOnbHIIIKOB) B paMKaX Cny>K6l O6LleCTBeHHOrO 3ApaBOOXpaHeHIIIfl. Y4IIITenfl, MeACeCTpl III BOnOHTepl npOXOAflT O6y4eHIIIe Anfl npOBeAeHIIIfl npOBepKIII. ,[\nfl Ol!eHKIII BOCnpIIIflTIIIfl rny6IIIHl III paCCTOflHIIIfl IIICnOnb3y–TCfl npOCTle TeCTl. CKpIIIHIIIHr-TeCTl – fiTO He TO >Ke CaMOe, 4TO KOMnneKCHafl npOBepKa rna3. ECnIII nO pe3ynbTaTaM CKpIIIHIIIHr-TeCTa eCTb nOAO3peHIIIe Ha HanIII4IIIe y BawerO pe6eHKa npO6neM CO 3peHIIIeM, Ml HaCTOflTenbHO peKOMeHAyeM nOKa3aTb erO/ee O¢TanbMOnOry IIInIII OnTIIIKy, 4TO6l npOVTIII nOnHy– nOApO6Hy– npOBepKy rna3.

Casey Eye Institute npOBOAIIIT IIICCneAOBaHIIIfl Ha OCHOBaHIIIIII pe3ynbTaTOB CKpIIIHIIIHr-TeCTIIIpOBaHIIIfl. ECnIII Bl COrnaCHl npIIIHflTb y4aCTIIIe B IIICCneAOBaHIIIIII, pe3ynbTaTl CKpIIIHIIIHr-TeCTa 3peHIIIfl BawerO pe6eHKa 6yAyT BHeCeHl B KOMnb–TepHy– 6a3y AaHHlX. Ml TaK>Ke CBfl>KeMCfl C BaMIII, 4TO6l y3HaTb, HeT nIII y BaC BOnpOCOB, III He Tpe6yeTCfl nIII BaM nOMOLIb B nOIIICKe rna3HOrO Cnel!IIIanIIICTa Anfl npOXO>KAeHIIIfl KOMnneKCHOV npOBepKIII 3peHIIIfl IIInIII nOMOLIIII B COCTaBneHIIIIII nnaHa ne4eHIIIfl. Ml nOny4IIIM pe3ynbTaTl npOBepKIII 3peHIIIfl III BHeCeM IIIX B 6a3y AaHHlX. 3TIII pe3ynbTaTl nOMOryT Ol!eHIIITb fi¢¢eKTIIIBHOCTb CKpIIIHIIIHr-TeCTOB III HeO6XOAIIIMOCTb BHeCeHIIIfl III3MeHeHIIIV. Casey Eye Institute COXpaHIIIT KOH¢IIIAeHl!IIIanbHOCTb B OTHOweHIIIIII AaHHlX O BaweM pe6eHKe B COOTBeTCTBIIIIII C npIIIMeHIIIMlMIII 3aKOHaMIII III HOpMaTIIIBaMIII wTaTa, a TaK>Ke ¢eAepanbHOrO 3aKOHOAaTenbCTBa. ltlH¢OpMal!IIIfl, nO KOTOpOV MO>KHO IIIAeHTIII¢IIIl!IIIpOBaTb BawerO pe6eHKa IIInIII CeMb–, 6yAeT IIICnOnb3OBaTbCfl TOnbKO C BawerO pa3peweHIIIfl. BaM 6yAeT BlAaHa KOnIIIfl fiTOV ¢OpMl COrnaCIIIfl. B OTHOWEHltlltl BCEV nPE,[\OCTABnEHHOV BAMltl ltlHCDOPMAL(ltlltl 5Y,[\ET COXPAHEHA KOHCDltl,[\EHL(ltlAnbHOCTb.

Nhieu tre em a đ(> tuoi mau giáo g□p van đe ve thi lifc, nhưng không phai lúc nào chúng ta cũng phát hi□n ra khi van đe ve thi lifc xuat hi□nCác van đe này bao gam giam thi lifc, lác mat, và nhìn mo đi do c□n thi, vien thi ho□c locn thi gây ra.NhOng tre em sau khi đưqc sàng lQc phát hi□n mac b□nh can đưqc điieu tri thương xuyên. Neu các van đe này đưqc phát hi□n kip thoi, thì se có kha năng chOa kh6i b□nh và b□nh không tra thành mãn tính.

Phòng Khám Mat Tre Em Elks thu(>c Vi□n Mat Casey cua Trương Đci HQc Khoa HQc và SUc Kh6e Oregon ho trq Chương Trình Sàng LQc Thi Lifc cho Tre Mau Giáo như m(>t dich v1 sUc kh6e công c(>ng. Các giáo viên, y tá và các tình nguy□n viên đưqc đào tco đe tien hành sàng lQc. SU d1ng các xét nghi□m đơn gian đe đo kha năng nh□n thUc ve khoang cách và đ(> sâu. Các xét nghi□m sàng lQc không giong như vi□c đưqc khám mat hoàn chinh. Neu vi□c sàng lQc thi lifc cho thay con quý vi có the g□p van đe ve mat, chúng tôi đ□c bi□t khuyen nghi nên đưa tre đen g□p bác sĩ chuyên khoa mat ho□c bác sĩ đo thi lifc đe đưqc khám mat bi giãn ra toàn di□n.

Vi□n Mat Casey đang thifc hi□n công trình nghiên cUu ve ket qua cua các sàng lQc này. Neu quý vi đang ý tham gia vào nghiên cUu này, các ket qua sàng lQc thi lifc cua con quý vi se đưqc đưa vào cơ sa dO li□u máy tính. Chúng tôi cũng có the liên h□ voi quý vi đe h6i li□u quý vi có bat kỳ thac mac nào ho□c li□u quý vi có can giúp đ6 trong vi□c tìm kiem chuyên gia chăm sóc mat đe khám mat hoàn chinh ho□c ho trq ke hocch điieu tri hay không. Chúng tôi se có đưqc ket qua khám mat và nh□p các ket qua này vào cơ sa dO li□u máy tính. Các ket qua này se giúp quyet đinh li□u các kiem tra sàng lQc có đu tot hay can phai thay đoi. Vi□n Mat Casey se giO bí m□t các thông tin cua con quý vi theo tat ca các lu□t và quy đinh áp d1ng cua liên bang và tieu bang. Bat kỳ thông tin nào có the nh□n dcng con và gia đình quý vi đeu không đưqc sU d1ng mà không đưqc quý vi cho phép.Quý vi se đưqc cung cap ban sao mau th6a thu□n này. MQI THÔNG TIN QUÝ V! CUNG CAP ĐEU ĐƯQC GIO BÍ MAT.