

Vision Screening Questionnaire

Due to Covid 19 the vision screening programme has been delayed. Your child will be having their vision screened as part of the Healthy Child Programme this academic year. Please provide answers to the following questions and return the form to school by 9th November 2020. Gt Barford Primary School.

Community Eye Service
Enhanced Service Centre
Bedford Health Village
3 Kimbolton Road
Bedford
MK40 2NT
Tel: 01234 897445

Child's Name:			Child's DOB:	
Child's Address:				
Male or Female				
Home/Mobile Tel:		Ethnic Origin:		
Email Address:				
NHS Number this will be found in your child's red book				
GP Name & Address:				
Class:				

Would you like your child to have their vision screened at school?

Yes ☐ No ☐ (please tick one)

If you do not return the form your child WILL be screened as this is an opt out service

Does your child wear glasses (or contact lenses)? (please tick)

Yes ☐ No ☐ If 'Yes' your child's vision WILL NOT be screened

Does your child regularly attend an Eye Clinic or Optometrist? (please tick)

Yes ☐ No ☐ If 'Yes' your child's vision WILL NOT be screened

You will be informed of the results of this screening. We will share the results with other health staff within the organisation, and your GP and Class teacher if needed.

Signature:

Print Name:

Parent ☐ Carer ☐

Date: