CHESTER HILL PUBLIC SCHOOL

Quality education in a caring learning environment

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Dear Parent/Guardian,

The school is pleased to announce that it will be running a welfare initiative called the **Student Eyecare Program next term**. An optometrist will be onsite during school hours to provide students with a comprehensive eye examination. This will be done by appointment only and typically takes up to 20 minutes. Each attendee will receive an individual report regarding the eye health and a prescription will be provided if glasses are required. The school will not have access to the individual report but will be notified if glasses were recommended. Please note that this service does not sell glasses and the prescription can be taken to any optical store.

The program's aim is to detect visual problems that may interfere with a student's learning abilities and subsequently hinder their academic potential. A significant number of students have visual problems that go undetected. The main visual issues that go undetected are **inadequate focusing** and **eye teaming abilities** that could lead to symptoms such as poor concentration, fatigue, headaches and unwillingness to read.

This eye health service is available to all students and is covered by Medicare Australia – so there is **no cost** to the students. The form below is to be completed by the parent or guardian.

If you do wish for your child to participate in the program, please fill in the Medicare details and questionnaire below and return the form ASAP.

☐ I **DO WISH** that my child's eyes be examined as part of the **Student Eyecare Program**.

Medicare Details

Name of student as appearing on card: _____ Class: _____

Valid to: ☐☐/☐☐☐☐ Date of Birth: ☐☐/☐☐/☐☐

Medicare number: ☐☐☐☐ ☐☐☐☐☐ ☐

List Number on Left Of Your Child's Name: (eg. 1, 2, 3 or 4): ☐

Parent's Signature (to agree to Medicare Bulk Billing): _____ Date: _____

QUESTIONNAIRE Please tick the appropriate box:

My child experiences…	**Never**	**Sometimes**	**Frequently**	**Always**
Headaches with near work				
Words run together when reading				
Burn, itchy, watery eyes				
Skips/repeats lines when reading				
Difficulty when copying from board				
Avoids near work/reading				
Skips words when reading				
Trouble keeping attention when reading				
Has poor reading comprehension				
Is falling behind in class				