



**CONNECTICUT LIONS EYE RESEARCH FOUNDATION
LIONS EYE HEALTH PROGRAM
VISION SCREENING RESULTS**

Name of child _____

Location of screening _____

Date of Screening _____

Dear Parent or Guardian,

Thank you for allowing your child to take part in the Lions Eye Health Program Pre-School Eye Screening.

The attached result form indicates that your child has passed the screening criteria.

Please understand that this is a screening, not a complete eye exam. The Lions Eye Health Program recommends that all children have a complete eye exam performed by an Optometrist or Ophthalmologist at least once between the ages of 3 and 5.