



**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 forms indicate that your child did not pass the screening criteria.

Although this is only a screening, not a full eye exam, it is recommended that you have your child's eyes examined by an eye care professional as soon as possible, and that you take the attached forms with you to the exam.

If you do not have a family eye care professional, a list of local Optometrists and Ophthalmologists in your area is attached.