Vision Screening

CHILD AND TEEN CHECKUPS (C&TC) FACT SHEET FOR PRIMARY CARE PROVIDERS

C&TC Requirements

General

Vision screening is a required component for C&TC visits.

- Perform a vision risk assessment and a physical exam of the eye on all children.
- Distance visual acuity screening is required beginning at age 3 years.
- Near visual acuity (plus lens) screening is required beginning at 5 years for children who pass the distance screening and do not have corrective lenses.

When indicated, the child must receive a referral for diagnostic vision tests.

Personnel

Review of risk assessment and physical exam must be done by a licensed health care provider (physician, nurse practitioner, physician assistant, or registered nurse with the Minnesota Department of Health 3-day C&TC Comprehensive training). Visual acuity screening may be completed by a paraprofessional with training.

Documentation

Document physical exam findings and visual acuity screening results. If visual acuity screening is not completed, state the reason.

For documentation examples, refer to the C&TC Provider Documentation Forms (www.dhs.state.mn.us).

Procedure

Risk Assessment

Review the following at the first visit for all ages: parental concerns; family and child’s vision history, including familial ocular and vision abnormalities; pre- and postnatal infections and conditions such as prematurity or syndromes.

For subsequent visits, review and update the history and risk factors to reflect new conditions or concerns.

Physical Exam

Physical exam of the eye includes observation for proper eye alignment, tropias or phorias, and extra ocular movements; red reflex; symmetric pupillary reflex; and nystagmus.

Visual Acuity Screening

Refer to Vision Screening Procedures for Infancy, Childhood and School Age Children (www.health.state.mn.us) for procedure details and pass criteria.

Distance Visual Acuity

For ages 3-5 years, perform visual acuity screening using HOTV or LEA SYMBOLS® wall or flip charts (with rectangle borders around each line) at a 10-foot distance. Wall charts are the gold standard for distance visual acuity screening. Instrument-based screening is an alternative for children 3-5 years of age who are unable to perform standard vision screening.

For ages 6 years and older, perform visual acuity screening using a Sloan wall chart at 10-foot distance.

Near Visual Acuity (Plus Lens)

For children 5 years of age and older who pass distance visual acuity screening and do not have corrective lenses, perform near visual acuity screening using the same chart and 10-foot distance, with 2.50+ plus lenses.
Importance of Vision Screening

Amblyopia is reduced visual acuity associated with risk factors that interfere with normal binocular vision (United States Preventive Services Task Force, 2011). Early identification of amblyopia prevents lifelong, uncorrectable vision problems. An estimated 20 percent of children ages 9-15 years old need glasses but only 10 percent had them (Zaba, 2011).

Professional Recommendations

American Academy of Pediatrics

▪ The use of optotype-based (traditional) acuity algorithms remains current practice for children ages 4 years and older.

U.S. Preventive Services Task Force

▪ Vision screening is recommended at least once for all children between 3 to 5 years of age (Chou, Dana, & Bougatsos, 2011).
▪ Instrument-based vision screening is recognized as an alternative method for screening children ages 3 to 5 years (Chou, Dana, & Bougatsos, 2011).

Minnesota Vision Screening Mandate

Minnesota Statute §121A.17 requires all children to receive vision screening between 3 to 5 years of age before kindergarten entry.

References


For More Information

The Child and Teen Checkups (C&TC) program is administered through a partnership between the Minnesota Department of Human Services and the Minnesota Department of Health.

For questions about this fact sheet or to obtain this information in a different format, call 651-201-3760 email health.childteencheckups@state.mn.us.

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