Child and Family Vision History Taking

**Ages**
Post newborn through 5 years, or at any age if family history is unknown. Continue to update ocular history at each subsequent screening or C&TC well child visit.

**Purpose**
Identify a child/family history of any medical condition that may be associated with eye disorders.

**Description**
Elicit information of selected medical conditions and syndromes from the parent/caregiver that may indicate the need for referral even if other screening procedures are passed.

Include a review of the following risk factors for potential vision conditions recognized by the American Academy of Pediatrics and [National Center for Children's Vision & Eye Health](nationalcenter.preventblindness.org):

- Prematurity <32 weeks
- Family history of:
  - Congenital cataracts
  - Retinoblastoma
  - Metabolic or genetic diseases
  - Amblyopia
  - Wearing glasses before 6 years of age
- Significant developmental delay
- Neurological difficulties such as seizure disorders
- Systemic diseases associated with eye abnormalities
- Refer to Child Vision History Questionnaire for Parent/Caregiver

Additionally, the parent/caregiver is asked to identify any complaints or unusual visual behavior their child may have exhibited.

**Screener qualifications**
Can be performed by screeners who have received the recommended training by the Minnesota Department of Health or equivalent.

**Forms**
- Teacher and Child Vision Prescreening Worksheet and/or
- Child Vision History Questionnaire for Parent/Caregiver
Procedure

Parent/caregiver is given the forms to complete, and answers are reviewed and flagged if there is a significant history of conditions, syndromes, risk factors for vision conditions, or concerning behaviors reported.

If parent/caregiver has questions regarding the form, a contact number for referral/follow-up should be given.

PASS

No child or family history of associated conditions, syndromes or concerning vision behaviors is identified.

REFER

Child or family history or personal history of associated conditions or syndromes or concerns is reported.

Minnesota Department of Health
Maternal and Child Health Section
85 E 7th Place
St. Paul, MN 55164-0882
651-201-3760
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Revised 04/2021

To obtain this information in a different format, call: 651-201-3760.