

Dear Parent/Guardian,

We are writing to inform you that **your child has not had their vision check** completed at school due to the disruption caused by the Covid -19 pandemic and unfortunately the vision screening will not now be completed for this academic year. Vision screening is delivered on behalf of Public Health England, further information can be found by visiting [www.nhs.uk](http://www.nhs.uk). The aim of vision screening is to detect vision problems early in childhood so your child can get effective treatment. We intend to approach the local education authority to see if it is possible to absorb this work next year. However this may or may not be possible due to social distancing requirements.

As vision is vital to a child's future development, we would like to help ensure your child receives a visual assessment. We recommend screening to ensure early identification and treatment of reduced vision. Children rarely complain of having poor vision and can easily go unnoticed so vision testing at age 4-5 is very important.

Due to GDPR the school your child attends is not able to release your child's details for us to be able to contact you directly. **Please can you complete the section below so that we can determine if you still want your child to have a vision check.** Upon receipt we will try to contact you using the details you have provided to confirm that the reply has been received. If we do not obtain the necessary details we will automatically assume that you do not want your child to be screened and we will no longer be responsible for any visual problems your child may have that remain undetected. In this instance we still strongly advise that you take your child to a local opticians. Eye tests are free on the NHS for all children under the age of 16.

**If we DO NOT receive the return slip from you in 4 weeks from the date you have received this letter** we will inform the school nursing team that you have declined the school screening check and this will be recorded on your child's health record.

Should you have any queries/concerns or are not contacted by us after having sent the reply slip back please contact 02476 966520 for further information.

Yours sincerely,

Community Orthoptic Team.

**VISION SCREENING DATA FORM**

Could you please fill in the form and return to:

Jayna Mistry  
Orthoptic Clinic  
Clinic 9, Suite 6  
UHCW NHS Trust  
Clifford Bridge Road  
Coventry  
CV2 2DX

OR:

E-mail: [uhc-tr.OrthopticDept@nhs.net](mailto:uhc-tr.OrthopticDept@nhs.net)

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Child's Full Name.....

Date of birth.....

Full Address:.....

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School name:.....

NHS number (if known) .....

Telephone number.....

E mail address

.....

Please select option from below:

- My child is **already** attending the Eye Department. Please confirm this by ticking the box
  
- I have read this letter carefully and do **NOT** wish for my child to have an eye test. My child has seen an optician in the community / I intend to take my child to an optician  
Please confirm this by ticking the box
  
- I would prefer my child to be seen in school or a community clinic in  
Coventry/Nuneaton/Rugby (delete as appropriate) depending on what arrangements can be  
made by the Orthoptic vision screening service. Please confirm this by ticking the box



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