



Public Schools | Health Department
Office of School Health

**IF YOU WANT YOUR CHILD TO BE EXAMINED BY AN OPTOMETRIST,
DO NOT FILL OUT THIS FORM.**

Dear Parent/Guardian,

The Office of School Health is pleased to offer free vision screenings and optometry services. The initial vision screening assesses how well students can see objects up close and at a distance, using eye charts and other equipment, helping determine if a more comprehensive eye exam is needed. If a student does not pass the screening, they will be referred to an onsite eye doctor for a follow-up exam. This exam is non-invasive—no instruments or eye drops will be placed in student's eyes during the exam.

An eye doctor will be at school on _____. If needed, the doctor will prescribe eyeglasses, and a program staff member will assist in the selection of proper frames from our contracted vendor. The results of the exam will be provided to you and in some cases, the doctor may recommend a full comprehensive eye exam.

Since the vision screenings are mandated per Chancellor Regulation A-701, students are eligible for and will receive a vision screening. However, parents and guardians may opt out of the free eye exam by completing the section below and returning this form to your child's school. If the form is not returned, the student will receive the free eye doctor exam and glasses, if recommended.

If a student is already under an eye doctor's care and you would like them to receive a free pair of eyeglasses, please send a copy of an updated prescription via fax to 347-396-8965 or email it to Eyefax2@health.nyc.gov.

If you have any questions about the program, you may contact Marcia Rodriguez, Follow-up Unit Supervisor, at 718-786-5154 (English/Español) or 855-771-3937.

Sincerely,

Thomas Phelan
Director, School Health Vision Programs

To find out more
information about the
Vision Program, scan the
QR code.



I do NOT want my child to receive the free non-invasive eye doctor exam and access to recommended free glasses through the DOHMH Vision Program.

Student's Name _____

Parent/Guardian's Name _____

Parent/Guardian's Signature _____

Date _____ Daytime Phone Number _____ **SCHOOL:** _____