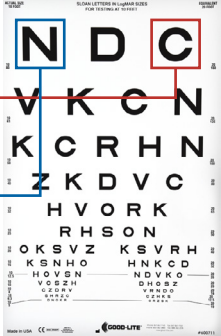


(For Critical Line Screening, see other form)

1

4.	Positions patient at appropriate distance (10 feet) from the chart, with the arch or heel of the feet on the line. (Arch is best practice.)		
5.	Ensures that the eye chart is at the patient's eye level.		
6.	Provides screening instructions/direction based on the patient's age and educational level.		
7.	Explains the difference between the top and bottom numbers of the Visual Acuity result.		

B. ACTUAL SCREENING

1.	Screens each eye separately: Screen with corrective lenses on, if any.			
2.	Instructs the child to read the first set of letters with both eyes.			
3.	Tests right eye first by occluding left eye.			
4.	Starts with the first optotype on the right side of the eye chart.			
5.	Moves down the chart until the patient misses a symbol.	<div><div><div>Right Eye Screening (cover left eye)</div><div>Left Eye Screening (cover right eye)</div></div></div>		
6.	When a patient misses a symbol, returns to the line above and asks the patient to identify all symbols on the line from left to right.			
7.	Continues to move up until the patient can identify 3 out of the 5 optotypes on the same line.			
8.	Repeats the process for the left eye.			
9.	Cleans/Disinfects eye occluder after use.			

C. DOCUMENTATION

1.	Charts the type and distance of the chart used for screening.		
2.	Documents screening results for each and/or both eyes: <ul style="list-style-type: none"> • OD – right eye • OS – left eye • OU – both eyes, if results are identical 		
3.	Records the last line the patient correctly identified 3 or more symbols as the visual acuity for that eye (using the 20-foot equivalent).		

4.	Documents any significant conditions/situations during testing, patient's response, any issues addressed.		
D. INTERVENTIONS/REFERRALS			
1.	Discusses results of threshold vision screening.		
2.	Informs the provider if the member is at risk or failed screening is identified (not pass threshold/critical line above, 2-line difference between OD & OS even if both eyes are within passing range (ex. 20/20 and 20/32); hearing/cognitive impairment, etc.).		
3.	Follows up referrals and any need for retesting.		
TOTAL ITEMS MET:			


Total Possible Points: 23 points

Passing Score (80%): 19 points

*If score is below 19, please review the training module and retest.**

Name: _____	Designation: _____
Date of Evaluation: _____	
Name of Evaluator: _____	Signature of Evaluator: _____
Designation: _____	

INSTRUCTIONS FOR SUBMISSION

1. If you have completed the CHLD training module on Vision Screening: Threshold, kindly have your office manager/trainer/provider or designee complete this checklist with you.
2. Once required score is met, the office manager/trainer/provider or designee will upload the checklist via the CHLD attestation page: 

The completed checklist can also be sent directly to the FSR team at fsrteam@hpsj.com.

3. Once verified by the FSR Team, you will be issued a certificate of completion. The certificate of completion will be **valid for 4 years** unless revoked by the health plan.

For any questions or assistance needed, please reach out to the health plan's FSR team at fsrteam@hpsj.com.