



# Lions of Michigan Foundation Project KidSight

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Dear Eye Care Professional:

Each year, the Lions Clubs of Michigan complete vision screenings for thousands of children through Project KidSight. Our results show that we refer eight to ten percent of the children we screen to eye care professionals for follow-up care, and about ninety percent of the children we refer require ongoing treatment for an eye disorder.

Over the years, our vision screening equipment has proven to be very accurate in identifying vision disorders in children, especially in the one to five year-old age group. However, we understand that the information provided by our mobile screening devices is not meant to be diagnostic. Thus, it is **critically important** that you thoroughly examine and treat the children who receive KidSight referrals, and our hope is that, regardless of the results of your examination, you will support Project KidSight and our efforts to ensure that no visual abnormality impedes a child's ability to succeed in life.

Please complete and return the attached Eye Doctor – Referred Child Report Form by email to **info@lmsf.net** or by fax to **517-887-6642**. We rely upon the information you provide to confirm that each of our referred children receives a complete eye examination and to ensure that our vision screening program provides accurate and reliable information.

The success of Project KidSight is **very** dependent on the participation and counsel of Michigan eye care professionals. We look forward to working with you to improve the eye care of children in Michigan. Thank you for your help.

Dr. John D. Baker, MD  
Medical Director – Project KidSight Michigan

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## EYE DOCTOR – REFERRED CHILD REPORT FORM

Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of KidSight Vision Screening: \_\_\_\_\_

Eye Doctor: \_\_\_\_\_ Title: MD \_\_\_ DO \_\_\_ OD \_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Complete Eye Examination: \_\_\_\_\_

Method(s) of Vision Testing: Snellen Letters \_\_\_ HOTV – E's \_\_\_ Pictures \_\_\_ Isolated/Linear \_\_\_

Child's Visual Acuity: OD \_\_\_\_\_ OS \_\_\_\_\_

Method(s) of Assessing Alignment: Penlight Exam \_\_\_ Cover Testing \_\_\_

Diagnosis of Amblyopia: Yes \_\_\_ No \_\_\_ Amblyogenic Factors: Yes \_\_\_ No \_\_\_

Strabismus \_\_\_ Anisometropia \_\_\_ Other \_\_\_\_\_

Treatment: None \_\_\_ Glasses \_\_\_ Patching \_\_\_ Other \_\_\_\_\_

In your opinion, were the results of the Project KidSight Vision Screening accurate? Yes \_\_\_ No \_\_\_

In your opinion, was the referral from Project KidSight warranted? Yes \_\_\_ No \_\_\_

Explanation: \_\_\_\_\_