

## IMPORTANT NOTICE FOR ALL PARENTS/CARERS OF 4 YEAR OLD CHILDREN

Dear Parent/Carer,

### RE: STATEWIDE EYESIGHT PRESCHOOLER SCREENING (StEPS)

The Statewide Eyesight Preschooler Screening (StEPS) program is an initiative of the NSW Ministry of Health and offers all 4 year old children a free vision screening assessment.

- It is **highly recommended** all 4 year old children participate in the vision screening program as many vision problems remain undetected unless a child's vision is screened by a trained vision screener.
- Your child's vision will be screened one eye at a time and **no drops** will be used.
- All parents/carers of children who have their vision screened through the StEPS program will be informed of the results of their child's vision screening assessment.
- If your child requires a further assessment parents/carers will receive a letter asking them to have their child's vision fully tested by an eye health professional.
- Please complete and sign the attached consent form and return it to your childcare centre as soon as possible so that a trained vision screener can test your child's eyes.
- If your child has already had a StEPS vision screen, there is no requirement for a second screen.

The StEPS program is for screening purposes only. Screening tests may not always be accurate and sometimes a screening may cause a false alarm or miss a problem. Occasionally a new problem may occur after a child has had their vision screened. For this reason, if you have concerns about your child's eyes, either now or at any time in the future, please have your child's eyes fully tested by an eye health professional.

Western NSW Local Health District is committed to treating all personal information in accordance with the current privacy laws. We follow strict rules and policies regarding the secure storage of information in all formats in order to protect your information from unauthorised access loss or misuse. A copy of the brochure "Health Information Privacy Leaflet for Patients" is available at your child's care facility on request.

**Important:** As well as a StEPS vision screen, all children should have a general health check before they start school. Please make an appointment with your local Child and Family Health Nurse or GP. Take your child's NSW Personal Health Record (Blue Book), if they have one, to your health check appointment.

If you have any questions regarding the StEPS program, please contact a member of the StEPS Team.

**Dubbo StEPS Team**

[wswlhd-stepsdubbo@health.nsw.gov.au](mailto:wswlhd-stepsdubbo@health.nsw.gov.au)

**Unit 2-3/77, Myall Street, Dubbo, NSW, 2830**

**Phone Number (02) 6809 8795**

**Mobile 0400 994 537**



Health

OFFICE USE ONLY

FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.	
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

StEPS CONSENT AND RESULT

PARENT / GUARDIAN TO COMPLETE (please use black or blue pen)

Parent / Guardian (relationship to child) Name: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

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

CONSENT FOR VISION SCREENING

I understand that the Statewide Eyesight Preschooler Screening (StEPS) Program is for screening purposes only. Screening tests, checks and examinations can never be 100% accurate. Sometimes a screening may cause a false alarm or miss a problem. Occasionally a new problem may occur after your child has had a screening test. For this reason, if you have concerns about your child's eyes now or at any time in the future, please see an eye health professional.

Yes, I consent to have my child's vision screened Signed: \_\_\_\_\_ Date / /

No, I decline to have my child's vision screened because (please tick below)

already received a screen  already under care  other Signed: \_\_\_\_\_ Date / /

Verbal consent: Yes  No

Name \_\_\_\_\_ Designation \_\_\_\_\_ Signed \_\_\_\_\_ Date / /

Reason for verbal consent \_\_\_\_\_

CHILD'S DETAILS (please use black or blue pen)

Child's Name: \_\_\_\_\_ Gender: M  F

Date of Birth: \_\_\_\_\_ Medicare Number: \_\_\_\_\_

Name of Preschool / Child Care Centre: \_\_\_\_\_

Days child attends centre (please tick all that apply): Mo  Tu  We  Th  Fr

If your child attends another centre, please state \_\_\_\_\_

Days child attends other centre (please tick all that apply): Mo  Tu  We  Th  Fr

Indigenous Status

Is your child of Aboriginal or Torres Strait Islander origin?

Yes - Aboriginal  Yes - Torres Strait Islander  Yes - Both  Neither  Unknown

Pre-Screening Questions - please answer all of the following questions:

Are you concerned about your child's vision? Yes  No

If yes, what are your concerns? \_\_\_\_\_

Is your child currently under care for their vision? Details \_\_\_\_\_ Yes  No

Does your child have a turned or lazy eye (squint or strabismus)? Yes  No

Did anyone in the family have eye problems in childhood? Yes  No

If yes, please provide details: \_\_\_\_\_



SMR020004

Holes Punched as per AS2828.1. 2012

BINDING MARGIN - NO WRITING

NH606548 080616

NO WRITING

StEPS CONSENT AND RESULT

SMR020.004

