TEXAS Health and Human Services | Texas Department of State Health Services

Instructions for Completing the Vision Report Form (M-62)

1. SIGNATURE: Superintendent of Schools or Chief Administrator.
2. DATE: Date this report is signed and sent to the Department of State Health Services.
3. NUMBER: District number assigned by Texas Education Agency or child care license number assigned by Department of Family and Protective Services.
4. NAME: Name of the school district or child care center.
5. CITY: Self-explanatory.
6. COUNTY: Self-explanatory
7. HSR: Health Service Region may be found on map back of Vision and Hearing Screening Requirement.
8. SCREENING PERFORMED BY: Self-explanatory; and or all may be checked if applicable.

FILLING IN COLUMNS APPROPRIATELY: Each column is listed by the grade in which the child is enrolled. PRE SCH means all preschool children of all ages.

Column A0: Number of children screened for vision problems. This number should include those children screened by physicians or eye specialist.

SCREENED WITH CORRECTION A1: Number of children who were wearing glasses or contact lenses at the time of screening (This number will be smaller than the one in column A.)

SCREENED WITH AUTOMATED SCREENING DEVICE A2: Number of children screened with an Automated Screening Device.

Column B0: Number of children who failed the distance acuity screen or any other screen for a vision problem, e.g., signs and symptoms, muscle balance test, binocularity tests, etc.

Column B1: Number of children who failed the distance acuity screen or any other screen for a vision problem, using an Automated Screening Device e.g., signs and symptoms, muscle balance tests, binocularity tests, etc.

Column C0: Number of children who were referred to an eye specialist (to get his number, subtract those children who were under an eye specialist's care at the time of screening failure from the number in Column B).

Column C1: Number of children who were referred using an Automated Screening Device to an eye specialist (to get this number, subtract those children who were under an eye specialist's care at the time of screening failure from the number in Column B).

Column D0: Number of children who were referred but are no longer enrolled in this facility.

Column D1: Number of children who were referred using an Automated Screening Device, but are no longer enrolled in this facility.

Column E0: Number of children who were referred and had no problem upon examination by an eye specialist.

Column E1: Number of children who were referred using an Automated Screening Device and had no problem upon examination by an eye specialist.

Column F0: Number of children who were referred and received treatment or are under observation for a condition found upon examination by an eye specialist.

Column F1: Number of children who were referred using an Automated Screening Device and received treatment or are under observation for a condition found upon examination by an eye specialist.

Column G0: Number of children who were referred and were not examined by an eye specialist or that information is not known.

Column G1: Number of children who were referred using an Automated Screening Device and were not examined by an eye specialist or that information is not known.

NOTE: **Column C0= Columns D0+E0+F0+G0**
Column B0≥Column C0