

PlusOptix Vision Screen Opt-Out Request

Complete this form if you do not want your child to be screened.

Student name: _____

Parent/Legal Custodian: _____

On **2023-03-07**, the **Lion's Club Lion's Club** will be offering a vision screening at **Rufus King International Middle School**. They will be using a Plusoptix screening tool.

This non-invasive, passive device can help detect:

- Refractive error; a defective in the optics of the eye that results in lack of precise focus of light rays on the retina causing blurred vision
- Myopia (nearsightedness): object blurred at a distance
- Hyperopia (farsightedness): object blurred at close range
- Astigmatism: distorted vision
- Amplyopia: Vision in one of the eyes is reduced because the eye and the brain are not working together properly
- Strabismus: Eyes that are not straight, eye muscle are not working together
- Anisometropia: The condition in which the two eyes have an unequal refractive power. One eye may be myopic and the other hyperopic.

If you do not want your child screened, print your name and then sign it. This form must be provided to us on or before the first day of screening as noted above.

Print Your Full Legal Name

Signature and Date