## Kansas tiny-k Vision Screening Record – Birth to Age 3

<table>
<thead>
<tr>
<th>Screening Professional:</th>
<th>Screening Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family:</td>
<td>Address:</td>
</tr>
<tr>
<td>Child’s Name:</td>
<td>E-mail:</td>
</tr>
<tr>
<td>DOB:</td>
<td>Phone:</td>
</tr>
</tbody>
</table>

### 1. Family History (parent or sibling)

Check all that apply
- [ ] Strabismus
- [ ] Amblyopia
- [ ] Congenital cataract
- [ ] Congenital glaucoma
- [ ] Retinoblastoma
- [ ] Siblings wearing glasses
- [ ] Parents wore glasses before age 6 years

### Medical Risk Factors

Check all that apply
- [ ] Prematurity < 32 weeks
- [ ] Birth weight < 3.3 pounds
- [ ] Needed oxygen > 4 days as a newborn
- [ ] Birth anomaly of head or face
- [ ] Maternal history of infection during pregnancy (e.g. CMV, genital herpes, rubella, syphilis, toxoplasmosis, Zika)
- [ ] Down syndrome
- [ ] Marfan syndrome
- [ ] Hearing Loss
- [ ] Neuropsychological conditions (e.g. cerebral palsy, seizure disorder, hydrocephalus, etc.)

- [ ] Pass: No family history or medical risk factors are checked
- [ ] Refer: One or more history or risk factors are checked.

### 2. External Observations

Yes
- [ ] Cornea (outer covering of eye) is clear?
- [ ] Corneas are the same size without appearing enlarged?
- [ ] Sclerae (white of the eye) are clear with no redness or unusual spots?
- [ ] Irises are complete circles?
- [ ] Pupils are round and same size?
- [ ] Pupils are black with no white discoloration or cloudiness? (White pupil = urgent referral)
- [ ] Eyelids are not droopy?
- [ ] Eyelids remain open without one eyelid tending to close?
- [ ] Eyelids are free from lumps (e.g. stye)?
- [ ] Eyes and eyelids are free of watering, redness, or crusty matter?
- [ ] Eyes are free of squinting when looking at objects?
- [ ] Eyes are free of frequent blinking?
- [ ] Eyes are steady without unusual eye movements (constant movement or shaking)?

- [ ] Pass: All answers are “yes”.
- [ ] Refer: One or more answers are not “yes”.

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*Appendix – Document 1*
## 3. Visual Developmental Milestones (2 to 12 months of age)

Infant’s age in months: _________

### Yes

- **Greater than 2 months of age:**
  - □ Stable eye contact when awake and alert and initiated by parent or caregiver?

- **Greater than 4 months of age** (all of the above plus):
  - □ Lively, social smile?
  - □ Demonstrates awareness of hands and explore hands with mouth?
  - □ Watches hand movements of other children and adults?
  - □ Eyes straight and do not constantly drift, wander, or appear to be misaligned? (Eyes constantly appearing misaligned > age 4 months = urgent referral.)

- **Greater than 7 months of age** (all of the above plus):
  - □ Goal-directed hand/arm movements?

- **Greater than 9 months of age, all of the above plus:**
  - □ Recognizes family and caregiver faces?
  - □ If exposed to books at home, points to individual pictures in a book?
  - □ If not exposed to books at home, uses thumb and first finger to pick up objects?

- □ **Pass:** All answers are “yes” for age.
- □ **Refer:** One or more answers are not “yes”.

### If performing Instrument-based Screening on child 1 year or older, SKIP tests 4 through 7.

## 4. Fixate (3 months and up)

**Materials Needed:** Small Toy

- **Fixate** (3 months and up)

  *Facing the child at eye level, present a small toy approximately 14 to 16 inches in front of child’s nose and observe the child’s eyes. Both eyes should be directed toward the object for at least two (2) seconds. It is acceptable to use noise at the start of the test to gain attention, however do not provide continuous sound stimulation to keep attention.*

- □ **Pass:** Child fixes on object with both eyes for at least 2 seconds.
- □ **Rescreen or Refer:** Child does not fixate on object or fixates with one eye only. Eye drifting is abnormal.

## 5. Eye Tracking (3 months and up)

**Materials Needed:** Small Toy/or Penlight

- **Eye Tracking** (3 months and up)

  *Position a toy or light about 14 to 16 inches from the child’s eyes. Move the object to get the child’s attention and let him look at it for 2-3 seconds. Slowly move the object in an arc first to the far left, then to the far right, returning to the center point, to observe horizontal tracking. Then slowly move the object in an arc up to several inches above the child’s head, and then down below his chin several inches to observe vertical tracking.*

**Record Results**

<table>
<thead>
<tr>
<th>Horizontal</th>
<th>Smooth</th>
<th>Jerky</th>
<th>Not Present</th>
<th>Vertical</th>
<th>Smooth</th>
<th>Jerky</th>
<th>Not Present</th>
</tr>
</thead>
</table>

- □ **Pass:** Smooth Tracking
- □ **Rescreen or Refer:** Eyes do not follow in unison or tracking is jerky or not present
### 6. Pupillary Reflex (6 months and up)

**Materials Needed:** Penlight & Object in Room

**Dim the room lights.**

1. Facing the child at eye level hold the penlight in “off” position directly in front of the right eye about 3” away. Direct the child’s attention to a toy/object that is stationed away from the penlight. While the penlight is off, observe the size and shape of the pupils (should be round and equal in size).
2. Turn the penlight on, shining it directly into the right eye, and watch to see if the pupil size in both eyes quickly decreases in size (constricts).
3. Move the penlight away from the eyes and watch for an increase in pupil size in both eyes (dilates).
4. Shine the penlight directly into the left eye, and watch to see if the pupil size in both eyes quickly decreases in size (constricts).
5. Shine the penlight in the right eye again and observe the pupil size. It should remain small. Repeat the swinging motion of the penlight between each eye 2-3 times.

*Pupils should be round, black, and equal in size. They should change size, by getting smaller with light and larger in a darkened room. Seizure medications, neurological problems, & other medications can inhibit this response. **Both eyes should react equally to changes in light at the same time.***

**Record Results**

<table>
<thead>
<tr>
<th>Right Eye: Response to light:</th>
<th>☐ Absent</th>
<th>☐ Sluggish</th>
<th>☐ Quick</th>
</tr>
</thead>
<tbody>
<tr>
<td>Round, black and equal in size to left eye?</td>
<td>☐ YES</td>
<td>☐ NO</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Left Eye: Response to light:</th>
<th>☐ Absent</th>
<th>☐ Sluggish</th>
<th>☐ Quick</th>
</tr>
</thead>
<tbody>
<tr>
<td>Round, black and equal in size to right eye?</td>
<td>☐ YES</td>
<td>☐ NO</td>
<td></td>
</tr>
</tbody>
</table>

☐ **Pass:** Both pupils constrict quickly and are round, black and equal in size

☐ **Rescreen or Refer:** Absent or sluggish response to light in either eye or either pupil is not round/black/equal in size.

### 7. Corneal Light Reflection (Hirschberg) (6 months and up)

**Materials Needed:** Small Toy/Penlight

**Use normal or lower light levels in the room.** Facing the child, position yourself so that your line of vision, the penlight, and the small toy are level with the child’s eyes. The penlight and toy should be 14”-18” from the child’s head. Use the toy to gain attention, then with the light off, place the penlight directly on top of the toy. With the penlight resting on the toy, shine the light in-between the child’s eyebrows (not into the eyes). With the child focusing on the toy or light observe how the light is reflected in each pupil. The reflection should be equally centered and appear slightly toward the nose. Sensitivity to light, rapid eye movement, and poor fixation observed during this test are also reasons for referral.

**Record Results**

☐ Centered in BOTH eyes

☐ Equally centered SLIGHTLY nasal in BOTH eyes

☐ Not centered in one or both eyes

☐ **Pass:** Reflected light appears to be in a symmetrical position near the center of the pupil of each eye.

☐ **Rescreen or Refer:** Reflected light appears to be near the center of the pupil of one eye and displaced nasally, outward, or upward from the pupil in the second eye.
8. **Instrument-based Screening** (1 year up to 36 months)
Recommended screeners include Plusoptix S12C Vision Screener or Welch Allyn® Spot™ Vision Screener. Monitor this website because the list of approved instruments could change as additional research emerges: [https://nationalcenter.preventblindness.org/instrument-based-vision-screening](https://nationalcenter.preventblindness.org/instrument-based-vision-screening)

Refer to the operating manual for pass/refer criteria. *Attach the print out results to this form.*

☐ Pass
☐ Refer

### Screening Results/Actions

☐ No further action required at this time. **Rescreen annually:**
  - No items noted as a concern on assessments 1 through 3  *and*  
  - Passed assessments 4 through 7  *or*  passed instrument screening

☐ **Rescreen within two-weeks** (unless parent prefers referral to appropriate medical professional* for evaluation):
  - No items noted as a concern on assessments 1 through 3,  *but*  
  - Did not pass one or more assessments 4 through 7

☐ **Refer to appropriate medical professional* for evaluation:**
  - One or more items noted as a concern on assessments 1 through 3  *and/or*  
  - Instrument screening indicates referral  *and/or*  
  - Parent preference for referral

  *Medical professional includes medical home, ophthalmologist, or optometrist.

### Required Follow-Up

**Rescreening date** (if applicable):
Staff member responsible for rescreening:

**Anticipated medical professional exam date** (if applicable):
Staff member assisting/following-up on referral:

**Notes:**