



**NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE**
Mary T. Bassett, MD, MPH
Commissioner

**NEW YORK CITY DEPARTMENT OF
EDUCATION**
Carmen Fariña
Chancellor

**OFFICE OF
SCHOOL HEALTH**

Dear Parent/Guardian,

Did you know that 25% of all children fail vision screening tests? These students frequently require glasses to read or to see the blackboard. Your child can receive free exams and glasses, if needed, through a program sponsored by the Department of Health and Mental Hygiene, the Department of Education and Warby Parker Eyewear.

Your child’s school will tell you in advance when the screening will be performed. Please make sure your child is present, as we only have funding to visit each school once every school year.

Your child’s vision will be tested for near vision (reading a book) and far vision (reading the blackboard) using letter or symbol charts. No instruments or drops will be put in your child’s eyes.

Children who cannot see the letters or symbols will then be examined by a doctor on the same day. If our doctor prescribes eyeglasses, we will help your child select a frame. Your child will receive the glasses with instructions for wearing them about two weeks later.

If you do NOT want your child to receive these services from the vision program, please fill out the section below and return this form to your child’s school.

Should you have questions about this program, please call Paula Johnson, Director of Optometry, at 718-310-2835 or Marcia Rodriguez, Follow-up Unit Supervisor, at 718-310-2875 (Spanish Speaker).

Sincerely,

Thomas Phelan
Director, School Health Vision Programs

FILL OUT THIS FORM IF YOU DO NOT WANT YOUR CHILD TO BE EXAMINED

I _____ (parent name) do NOT want my child to receive these services from the DOHMH Vision Program.

Child’s Name: _____

Parent/Guardian’s Name: _____

Parent/Guardian’s Signature: _____

Date: _____ **Daytime Phone Number:** _____

SCHOOL: _____ **Class:** _____