Special Olympics
Lions Clubs International
Foundation
Opening Eyes®

Lions Clubs International FOUNDATION

Opening Eyes Report

Special Olympics Health
MADE POSSIBLE BY Golisano FOUNDATION

Athlete's Name: **Date:**

Follow-up Recommended?

□ **Yes:** See below
□ **No:** No concerns were identified during today's Opening Eyes screening. No additional follow-up is recommended.

Eyewear Provided*:

Today, you learned about eye health and received the following to support your vision:

□ Prescription Glasses
□ Prescription Sport Goggles
□ Prescription Swim Goggles
□ Plano Sunglasses

Eyewear Use:

Your prescription glasses are to be used as follows:

□ Full time
□ Near vision (reading, school, work)
□ Distance vision (TV, movies)
□ Sports activities

Screening Results

Based on today's Opening Eyes screening, follow up is recommended for the following concerns:

□ **Visual Acuity**
□ **Depth Perception**
□ **Eye Alignment**
□ **Intraocular Pressure**
□ **External Eye Health**
□ **Internal Eye Health**
□ **Other:** _____

Referral Information

Program/Provider Type (Select all appropriate)	**Referral Type** (Select one)
□ Optometrist □ Ophthalmologist □ Primary Care Provider	O **Routine Follow-Up:** Continue routine care with your current eye care provider O **Non-Urgent:** Follow up within 4 weeks O **Urgent:** Follow up within 2 weeks *Reason(s) for Referral:* _____
□ Other: _____	O **Non-Urgent:** Follow up within 4 weeks O **Urgent:** Follow up within 2 weeks *Reason(s) for referral:* _____

The Opening Eyes screening does NOT replace a comprehensive eye exam which includes dilation.

*Prescription eyewear is provided at no charge and may be delivered to athletes during or following this event depending on where they are made. Please allow 8-10 weeks for delivery.