



## Policy and Procedure Template

Policy Name:	Vision Screening		
Effective Date:		Revision Date:	
Department(s)/Site(s):			
Document Owners:			
Approved By:			
Relevant Law/Standard:	California Department of Health Care Services under Title 22, California Code of Regulations, Section 53230. (Requires the review and certification of Primary Care Practitioner (PCP) sites.)  Department of Health Care Services (DHCS) All Plan Letter 20-006, Site Reviews: Facility Site Review and Medical Record Review		

**Purpose:**

Age-appropriate visual screening occurs at each health assessment visit, with referral to optometrist/ophthalmologist as appropriate. A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. Documentation of “PERRLA” is acceptable for children below the age of 3 years.

**Procedure:**

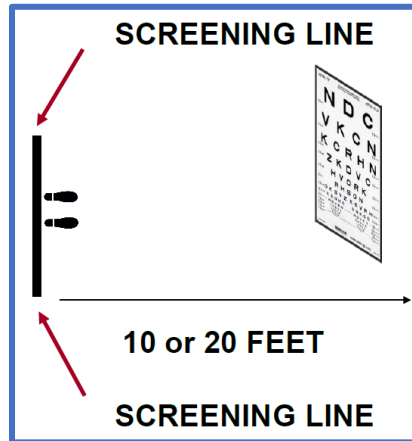
Vision screenings will be performed according to American Academy of Pediatrics/ Bright Futures Recommendations for Preventive Pediatric Health Care or medically necessary. Vision screenings are not recommended for most healthy adults, but adults are encouraged to get regular eye exams from an eye care specialist.

*Using Snellen Eye Chart:*

1. Place the chart on a wall or easel 10/20 feet away.
2. Cover one eye with an occluder, completely blocking the vision of the covered eye. (Do not apply pressure to the covered eye, as it might affect that eye’s vision when you test it.)
3. Have patient identify a line on the chart that he/she can comfortably read.
4. Have patient continue trying to read the letters on each successively smaller line. Do not squint.
5. Stop screening when patient fails to correctly identify at least 50 percent of the letters on a line.
6. Switch to the other eye and repeat.

Record visual acuity for each eye by noting the line for which you correctly identified either:

- a) More than half the letters on that line, but not all of them.
- b) All letters on that line, plus a few letters (less than half) on the next line.



**Resources:**

1. [Bright Futures/AAP Recommendations for Preventive Pediatric Health Care \(Periodicity Schedule\)](#)
2. [CHDP Pediatric Vision Training](#)
3. [Snellen Eye Chart](#)
4. [MedlinePlus: Vision Screening](#)

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The material in this document is a knowledge-sharing tool provided by the FSR team to enhance compliance with Facility Site Review requirements. All content is for informational purposes and may be used and/or modified according to site-specific practices. Ensure appropriate review and approval by site management prior to adoption.