



CALHOUN COUNTY PUBLIC HEALTH DEPARTMENT

190 E. Michigan Avenue Phone: 269-969-6370
Battle Creek, Michigan 49014 Fax: 269-969-6470
www.calhouncountymi.gov/publichealth

"Working to enhance our community's total well-being"

Date

To Parent/Guardian of:

Dear Parent/Guardian,

Your child had their vision screened by a vision technician from the Calhoun County Public Health Department (CCPHD) as required by the Michigan Department of Health and Human Services. The goal of our vision program is to locate children with potential vision concerns and assist them to find help.

Your child was unable to pass this screening. It is required that your child have an eye exam by an eye doctor as soon as possible. Please ask the doctor to complete the form below and fax or mail it to the health department.

Medicaid covers eye evaluations and glasses. If your child has Medicaid, call your Medicaid plan customer service number on the back of your card for eye care providers you can go to. If your child does not have insurance, or if you need information on programs to help financially, please let us know.

To keep our records current, please contact us by email or phone if your child has been "under care" within the past year or has a "known vision defect".

Any questions or concerns may be directed to our Hearing and Vision Technicians:
Heidi Fast-Hackworth: 269-969-6389, hfast@calhouncountymi.gov
Christy Benson: 269-969-6361, cbenson@calhouncountymi.gov

Vision Report Fax No. 269-969-6488

Diagnosis:

- _____ Myopia
- _____ Hyperopia
- _____ Astigmatism
- _____ Muscle
- _____ Other: _____
- _____ Normal Exam

Treatment:

- _____ Glasses
- _____ Exercises
- _____ Medical
- _____ Surgical
- _____ No prescription at this time
- _____ No treatment at this time

Eye Care Provider: _____

Date _____

(please print or stamp)