

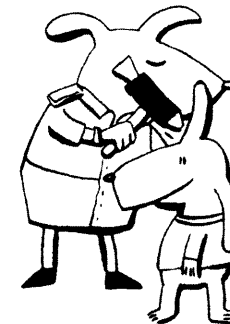
HEARING:

VISION:

HEALTH NOTES:

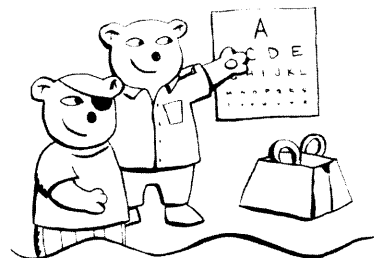


Vision and Hearing Screening



Information about free health services for your child

Please read this booklet to find out about the screening service offered to children at school. The enclosed Consent Form asks your permission for us to provide this service to your child.



Early Childhood Team
Community Child Health
& Disability Service
Private Bag 92189
Auckland 1142
Phone: 09 639 0200
Fax: 09 639 0202

SCHOOL SCREENING PROGRAMME

Auckland District Health Board provides a free screening programme for children. This programme is operated by Vision Hearing Technicians, from the Community Child Health & Disability Service, who visit the school.

As a new entrant to school your child will have their hearing and distance vision screened. You will be informed of all results and any problems found so that you can get treatment for your child.

Your child's results are entered on to the school ENROL computer system. You can ask to see and discuss these at any time. If you disagree with any information, you can have your comments placed on record. Auckland District Health Board is required by law to follow proper procedures for how information on your child's health is collected, stored and used.

Your school's public health nurse is kept informed of results. You can contact her through the school office, or by phoning the Community Child Health & Disability Service on 09 639 0200 ext 27416.

Ears

Two tests are carried out on the children – audiometry (hearing test) and tympanometry (middle ear test). If children do not pass the tests, you will be advised to take your child for treatment.

Audiometry – This test measures hearing using a machine called an audiometer. The machine makes sounds and the child responds by dropping a peg into a basket every time they hear a sound.

Tympanometry – This is a test in which a small plastic cap is placed over the opening of the ear and a machine called a tympanometer takes a measurement. It is not a hearing test

but will show, for example, whether your child has glue ear – a build-up of fluid in the middle ear which can affect hearing.

Ear Checks

As a follow-up to the hearing screening tests an Ear Nurse in a mobile ear clinic visits target schools one or two weeks after the Vision Hearing Technician's visit.

Ear Nurses are able to assess and assist in the management of conditions such as glue ear, holes in eardrums, wax build-up, blockage in ear canal, runny ears and grommets. They are registered nurses with specific training in ear examinations. Ear Nurses use a special *microscope* to look in ears and sometimes they need to remove small amounts of wax while doing the check so they can see clearly into your child's ear.

A letter will be sent home with your child to tell you what has been found and what we advise you to do. If your child needs to see the Ear Nurse again we will send a letter asking for your consent to do this.

Eyes

Myopia test – This test measures the child's distance vision and is carried out on entry to school and at Year 7. Either a letter matching test or letter naming test is used, depending on the child's age and ability.

Penlight and Cover tests – These tests check to see if your child's eyes are aligned.

Colour vision test – This is carried out at Year 7 and involves reading numbers on coloured cards. None of these tests involves touching the eyes of your child.

If you have any queries or concerns about the screening programme, please contact the Vision and Hearing Technicians on 09 639 0200 ext 27415.

CONSENT FORM

This form requests your consent for the Vision Hearing Technicians to carry out the screening tests described in this pamphlet and for the Ear Nurse to check your child's ears. (*target schools only). This form will cover your child from Year 1 to Year 8.*

Your consent will allow the results of the tests to be:

- summarised on school health records to assist other professionals who may be working with your child at school.
- used for statistical purposes – children's names are not used in this process.

Name of child _____

Date of birth ____ / ____ / ____ Ethnicity _____

School _____

I consent to the following tests being carried out on my child as part of the screening programme.
Please Circle

EAR TESTSYES NO

Comments / relevant past history: _____

EYE TESTSYES NO

Comments / relevant past history: _____

* EAR CHECK by Ear Nurse

I consent to the Ear Nurse carrying out the ear check on my child. *Please Circle*

.....YES NO

Signature of parent / guardian _____

Name _____

Date ____ / ____ / ____