

health_screening_vision_exam

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Type	Select the type of vision test administered. For a religious exemption, select *Other*.
Status	Select the status of the follow-up exam if applicable. For a religious exemption, select *Not Examined*.

Treatment	Refers to a student who has been referred for a possible vision problem and for whom follow-up has resulted in documented evaluation and care. The Vision, Hearing, and Spinal Screening Annual reporting Survey (VHSSARS) requires schools to record the “outcome or treatment indicated,” meaning the student received appropriate professional services after referral (e.g., eye exam, corrective lenses, or other medical care).
Transferred	Refers to a student who left the school or facility before follow-up could be completed. The Vision, Hearing, and Spinal Screening Annual reporting Survey (VHSSARS) specifies reporting “the number transferred out of the facility prior to receiving professional examination results,” indicating that responsibility for follow-up shifted to another school or facility. **Facility** includes public or private preschools and schools (i.e. schools, preschools, licensed child care centers and/or licensed child care homes). **NOTE**: An individual's screening records may be transferred among facilities without the consent of the individual under the scenarios described at Texas Family Code, 32.003 or, if the individual is a minor, the minor's parent, managing conservator, or legal guardian, pursuant to Texas Health and Safety Code, 36.006c

Referral Date	Type the date on which the student was referred to a specialist in the MMDDYYYY format. Or, click to select the date from the calendar. This field is also updated when you generate a referral letter from Letters > Run Letter > Print Letters and click **Update Referrals**.
Follow-up Date	Type the date of the follow-up exam in the MMDDYYYY format. Or, click to select the date from a calendar.


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