

Unite For Sight Vision Screening Background Information

NOTE: All information will be confidential and used solely for screening and research purposes. The free screening performed by Unite for Sight volunteers is not the practice of medicine. Always seek the advice of a doctor related to the care of your eyes. The screening provided by Unite for Sight volunteers is for informational purposes only and is not a substitute for professional medical advice, diagnosis or treatment.

By participating in this free vision screening and vision education program, the participant agrees to indemnify, hold harmless, and release Unite For Sight and its volunteers from any injury and any and all liability for injury suffered that arises during this noninvasive screening, and participant assumes all risk for any such injuries.

Participant Age: _____

Date: _____

If you have any health problems (diabetes, heart disease, etc.), please specify:

Do you wear glasses?

Yes

No

Have you ever been to an eye doctor?

Yes

No

If yes, how many months or years ago? _____ months or _____ years

Have you ever had an eye screening?

Yes

No

If yes, how many months or years ago? _____ months or _____ years

Have you noticed that your vision may be getting worse?

Yes

No

If yes, for how many months or years have you noticed the change? _____

Have you ever been diagnosed with an eye disease (near-sightedness, far-sightedness, cataracts, glaucoma, diabetic retinopathy, macular degeneration, etc.)? Please specify:

Do you have any eye symptoms such as cloudiness, fuzziness, floaters, flashing lights, etc.? Please specify:

Do you notice any other health changes/symptoms? Please specify:

Are you aware of a family history of any medical diseases (cataracts, glaucoma, diabetes, heart disease, etc.)? Please specify.

For Unite For Sight volunteer use:

Vision OS (left eye) _____

Vision OD (right eye) _____