

To Parent/Guardian of  
Reception Year Children

The Orthoptic Department  
Royal Eye Infirmary  
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PLYMOUTH  
PL6 5ZF

e-mail: [plh-tr.schoolvisionscreening@nhs.net](mailto:plh-tr.schoolvisionscreening@nhs.net)

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26 February 2026

Dear Parent/Guardian

### **Vision screening for children aged 4 to 5 years**

A member of the Orthoptic team from Plymouth Royal Eye Infirmary will be visiting your child's school (Reception Year) in **March 2026** to conduct vision screening. The UK National Screening Committee recommends that screening of children's eyes should be offered to all children aged 4 - 5 years old.

We enclose an information leaflet to explain what vision screening is and what happens if your child is found to have reduced vision. Please take time to read this information.

Your child will automatically be tested and we will notify you of the outcome by post and/or telephone, however if your child is already under the care of the Royal Eye Infirmary for a known eye condition, we will not need to assess your child at school. If you **do not** wish for your child to have the vision test, please complete the attached form and e-mail to [plh-tr.schoolvisionscreening@nhs.net](mailto:plh-tr.schoolvisionscreening@nhs.net). Please also e-mail to inform us if your child has a plaster allergy. We need to receive your reply by **Friday 13 March 2026**.

It is important that we have up-to-date contact details, so we can inform you of the result of your child's vision screening. Please e-mail us, using the address above to let us know if you move address or change telephone number.

We are a teaching hospital, training medical and other health professionals for the future. We might have students present during our school visits. If you are not happy with this, please tell us using the contact details at the top of this letter.

If you have any questions, please write to us using the e-mail address at the top of this letter.

Sent on behalf of Plymouth Hospitals NHS Trust  
**The Orthoptic Team**

Encs.

### **Non agreement to vision screening**

If you do not wish for your child to have vision screening, please complete this form and e-mail to [plh-tr.schoolvisionscreening@nhs.net](mailto:plh-tr.schoolvisionscreening@nhs.net).

We need to receive your reply by **Friday 13 March 2026**; otherwise your child may be screened.

I **do not** wish for my child to have the routine vision screening assessment.

Your child's name:

Your child's date of birth:

Your child's NHS number:

Please sign your name:

Please print your name:

Date:

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