



DIP - SSEJ
Sight and Hearing Unit
 Rue des Glacis-de-Rive 11
 1207 Geneva
 Tel. +41 (0) 22 546 41 00

To the parents of

Geneva, [date]

School:
Grade:

Dear Sir or Madam,

The sight screening test carried out in school on xx/xx/xxxx indicated that your child needs to have an eye test.

Please pass this letter to the ophthalmologist of your choice and inform your paediatrician.

The following link will help you find an ophthalmologist in Geneva if you do not already have one:
<https://www.amge.ch/medecins/annuaire-des-medecins/>. (Compulsory health insurance will reimburse CHF 180 per year for glasses lenses for young people up to 18 years old if prescribed by an ophthalmologist.)

Yours faithfully,

Dr MUNIER Alain
 Ophthalmology specialist

CAFALLI, Myriam
 Audiology and ophthalmology technician

For the attention of the ophthalmologist: Please return this form with the result of your test to us and hand a copy to the parents.

Date of test:

Visual acuity: RE not corrected corrected near
 LE not corrected corrected near

Rp: right eye
 left eye

Irreducible amblyopia: **RE*** **LE***
 Amblyopia being treated: **RE*** **LE***

Wears glasses: *
 no
 in class
 always
 occlusion therapy

Comments:

Stamp / Signature:

* Please put a cross in the corresponding box for the diagnosis made or advice given