

Babies Children and Teenagers

Sections

Eye Screening for Children

Leer en Español: Tamizaje oftalmológico para niños

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Why is regular vision screening so important?

Good vision is key to a child's physical development, success in school and overall well-being. The vision system is not fully formed in babies and young children, and equal input from both eyes is necessary for the brain's vision centers to develop normally. If a young child's eyes cannot send clear images to the brain, his or her vision may become limited in ways that cannot be corrected later in life. But if problems are detected early, it is usually possible to treat them effectively.

When and how should screening be done?

It is essential to check children's vision when they are first born and again during infancy, preschool and school years. Screening can be performed by a pediatrician, family physician or other properly trained health care provider. It is also often offered at schools, community health centers or community events.

The American Academy of Ophthalmology and the American Association for Pediatric Ophthalmology and Strabismus recommend the following exams:

Newborn. An ophthalmologist, pediatrician, family doctor or other trained health professional should examine a newborn baby's eyes and perform a red reflex test (a basic indicator that the eyes are normal). An ophthalmologist should perform a comprehensive exam if the baby is premature or at high risk for medical problems for other reasons, has signs of abnormalities, or has a family history of serious vision disorders in childhood.

Infant. A second screening for eye health should be done by an ophthalmologist, pediatrician, family doctor or other trained health professional at a well-child exam between six months and the first birthday.

Preschooler. Between the ages of 3 and 3½, a child's vision and eye alignment should be assessed by a pediatrician, family doctor, ophthalmologist, optometrist, orthoptist or person trained in vision assessment of preschool children.

Visual acuity should be tested as soon as the child is old enough to cooperate with an eye exam using an eye chart. Photoscreening is another way to check visual acuity that does not require a young child to cooperate with the test. Either approach to testing will determine whether the child can focus normally at far, middle and near distances. Many children are somewhat farsighted (hyperopic) but can also see clearly at other distances. Most children will not require glasses or other vision correction.

If [misaligned eyes \(strabismus\)](#), "[lazy eye](#)" ([amblyopia](#)), refractive errors ([myopia](#), [hyperopia](#), [astigmatism](#)) or another focusing problem is suspected in the initial screening, the child should have a comprehensive exam by an ophthalmologist. It's important to begin treatment as soon as possible to ensure successful vision correction and life-long benefits.

School age. Upon entering school, or whenever a problem is suspected, children's eyes should be screened for visual acuity and alignment by a pediatrician, family doctor, ophthalmologist, optometrist, orthoptist or person trained in vision assessment of school-aged children, such as a school nurse. Nearsightedness (myopia) is the most common refractive error in this age group and can be corrected with eyeglasses. If an alignment problem or other eye health issues is suspected, the child should have a comprehensive exam by an ophthalmologist.

What's the difference between vision screening and an eye exam?

In contrast to vision screening, a comprehensive eye exam can facilitate diagnosis of visual problems. It involves the use of eye drops to dilate the pupil, enabling a more thorough investigation of the overall health of the eye and the visual system. The American Academy of Ophthalmology advises parents to seek a comprehensive eye exam if:

Their child fails a vision screening.

Vision screening is inconclusive or cannot be performed.

Referred by a pediatrician or school nurse.

Their child has a vision complaint or observed abnormal visual behavior, or is at risk for developing eye problems. Children with medical conditions (e.g., Down syndrome, prematurity, juvenile idiopathic arthritis, neurofibromatosis) or a family history of amblyopia, strabismus, retinoblastoma, congenital cataracts or congenital glaucoma are at higher risk for developing pediatric eye problems.

Their child has a learning disability, developmental delay, neuropsychological condition or behavioral issue.

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