

**TABLE 2 AGE-APPROPRIATE METHODS FOR PEDIATRIC VISION SCREENING AND CRITERIA FOR REFERRAL**

Method	Indications for Referral	Recommended Age					
		Newborn-6 mos	6-12 mos	1-3 yrs	3-4 yrs	4-5 yrs	Every 1-2 yrs after age 5 yrs
Red reflex test	Absent, white, dull, opacified, or asymmetric	•	•	•	•	•	•
External inspection	Structural abnormality (e.g., ptosis)	•	•	•	•	•	•
Pupillary examination	Irregular shape, unequal size, poor or unequal reaction to light	•	•	•	•	•	•
Fix and follow	Failure to fix and follow	Cooperative infant $\geq 3$ mos	•	•			
Corneal light reflection	Asymmetric or displaced		•	•	•	•	•
Instrument-based screening*	Failure to meet screening criteria			•	•	•	•
Cover test	Refixation movement				•	•	•
Distance visual acuity† (monocular)	Worse than 20/50 either eye or 2 lines of differences between the eyes				•	•	•
	Worse than 20/40 either eye					•	•
	Worse than 3 of 5 optotypes on 20/30 line, or 2 lines of difference between the eyes						•

SOURCE: Hagan JF, Shaw JS, Duncan PM, eds. 2017, Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents. 4<sup>th</sup> ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017.

NOTE: These recommendations are based on panel consensus. If screening is inconclusive or unsatisfactory, the child should be retested within 6 months; if inconclusive on retesting or if retesting cannot be performed, referral for a comprehensive eye evaluation is indicated.<sup>4</sup>

\* Subjective visual acuity testing is preferred to instrument-based screening in children who are able to participate reliably. Instrument-based screening is useful for some young children and those with developmental delays.

† LEA Symbols<sup>5</sup> (Good-Lite Co., Elgin, IL), HOTV, and Sloan Letters<sup>6</sup> are preferred optotypes.