

TABLE 1 AGE-APPROPRIATE METHODS FOR PEDIATRIC VISION SCREENING AND CRITERIA FOR REFERRAL

Method	Indications for Referral	Recommended Age					
		Newborn-6 months	6-12 months	1-3 years	3-4 years	4-5 years	Every 1-2 yrs after age 5
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 ≥3 months	•	•			
Corneal light reflection	Asymmetric or displaced	Cooperative infant ≥3 months	•	•	•	•	•
Instrument-based screening*	Failure to meet screening criteria		Cooperative infant ≥6 months	•	•	•	•
Cover test	Refixation movement of uncovered eye				•	•	•
Distance visual acuity† (monocular)	Worse than 20/50 with either eye or 2 lines of difference between the eyes				•	•	•
	Worse than 20/40 with either eye 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. 4th 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.⁹

* 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 Symbols¹⁰ (Good-Lite Co., Elgin, IL), HOTV, and Sloan Letters¹¹ are preferred optotypes.