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Guidelines Eye Health Program at Private Schools of Dubai Version 1.0

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Public Health Protection Department (2024)

INTRODUCTION

Public Health protection Department (PHPD) forms an integral part of Dubai Health Authority (DHA) and is mandated DHA Law No. (14) of the year (2021) amending some clauses of law No. (6) of 2018 pertaining to the Dubai Health Authority (DHA), to undertake several functions including but not limited to:

- Developing and monitoring early screening programs for chronic disease such as diabetes, high blood pressure, cardiovascular diseases, cancer and mental health diseases.
- Develop public health policies and strategies and give them priority.
- Monitor and estimate population health, and prepare periodic reports about the health situation in the Emirate of Dubai.
- Develop surveillance systems for communicable and non-communicable diseases.
- Develop and update public health indicators with the coordination of the concerned stakeholders, taking into consideration social, economic, cultural and biological factors.
- Design and implement public health programs and activate the community role through community participation in these programs.
- Connect the population of Dubai with the necessary health promotion services through social network/media channels, prepare and implement health-promoting health campaigns, projects and initiatives aligned with the strategic vision of DHA.
- Participate actively in educating the community about disease prevention and empower the community to follow healthy lifestyles and control the risk factors for disease.

- Develop guidelines through publications, announcements, brochures, workshops and conferences aimed at promoting public health.
- Evaluate the results of interventions programs and monitoring the general health situation of the Emirate of Dubai.

The Eye Health/ vision screening guidelines for private schools of Dubai aims to fulfil the following overarching Dubai Health Sector Strategy 2026:

- Pioneering Human-centered health system to promote trust, safety, quality and care for patients/students and their families.
- Pioneering Human-centred health system to promote trust, safety, quality and care for patients/students and their families
- Make Dubai a lighthouse for healthcare governance, integration and regulation.
- Leading global efforts to combat epidemics and infectious diseases and prepare for disasters.
- Pioneering prevention efforts against non-communicable diseases.
- Become a global digital health hub.
- Foster healthcare education, research and innovation.
- Strengthening the economic contribution of the health sector, including health tourism to support Dubai economy.

ACKNOWLEDGMENT

The Public Health Protection Department (PHPD) developed this Guideline in collaboration with Subject Matter Experts and would like to acknowledge and thank these health professionals for their dedication toward improving quality and safety of healthcare services in the Emirate of Dubai.

Public Health Protection Department

Dubai Health Authority

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EXECUTIVE SUMMARY

As the UAE grows in economic prosperity and in providing quality care, there shall be greater stress on the two aspects of good quality health care. One is provision of appropriate, evidence-based care, and the second is an increasing emphasis on preventive care.

Guidelines Eye Health Program at Private Schools of Dubai is aiming to improve the quality and the level of healthcare provided to the students and to be used by schools Healthcare providers and DHA external partners to improve practice and skills.

This guideline presents a framework to assist all healthcare providers in Dubai private schools and DHA external partners to facilitate the successful implementation of schools eye health program .

DEFINITIONS/ABBREVIATIONS

DHA Partners: They are either internal entities from DHA or outside such as private companies and government entities who are willing to support DHA in implementing schools' eye health program to private schools in Dubai.

Eye Examinations and vision screening: are medical and biometric tests that are offered to a group, or population, for the purpose of detecting or ruling out the presence of diseases, conditions, and general health risks. Health screenings are often used as early intervention or disease prevention tools within a community.

Ocular: pertaining to the eye; called also ophthalmic.

Refractive Errors: The inability of images to focus properly on the retina, have many types often corrected by glasses contact lenses, or refractive surgery.

Referral: Process where cases that show early abnormal clinical finding and in need to be referred to other level of care

School's Eye health annual program report template: a template document includes information and data related to schools and students such as school's general information, students' illness history, family history and comprehensive ocular medical examination and vision screening results.

Schools' Health care professional: Is a natural person authorized and licensed by the DHA to practice any of the healthcare professions in the Emirate of Dubai.

Student Health File: It is a single record of health-related data about student, including but is not limited to, demographic data, medical history immunization information, growth, eye examination, oral health screening and comprehensive medical examination findings and medical notes.

Vision test Chart: A chart for testing visual acuity, usually consisting of letters, numbers, or pictures printed in lines of decreasing size that a patient identifies from a fixed distance.

Example- Snellen -Landolt C-Tumbling E- HOTV.

Abbreviations:

DHA	:	Dubai Health Authority
PHPD	:	Public Health Protection Department
NOC	:	None Objection Certificate
MOU	:	Minutes of Understanding
SHS	:	School Health Section
V.A	:	Visual acuity
WHO	:	World Health Organization

1. BACKGROUND

The purpose of school health services is to ensure that all students are healthy and ready to learn. Any ocular morbidity among schoolchildren has huge physical, psychological and socio-economic implications. Early detection and correction are of ultimate priority. The loss of sight causes enormous human suffering for the affected individuals and their families. It also represents a public health, social and economic problem for countries.

The World Health Organization (WHO) has recently estimated that 153 million people worldwide are visually impaired from uncorrected refractive errors, 8 million of whom are blind. The report suggests that 12 million children of school going age (5-17 years) are visually impaired from uncorrected refractive errors, and population-based surveys undertaken using standard methods and techniques² suggest that 90-95% visual impairment in this age group is due to myopia.

This increase the importance of providing the guidelines for ideal and proper conducting procedures of eye health examinations and vision screening.

WHO defines blindness (binocular) as $VA < 3/60$ in the better eye with best possible correction, the definition of low vision (binocular) is $VA < 6/18$ to $\geq 3/60$ in the better eye with best possible correction.

The most common refractive errors in school ageing children are:

- Myopia
- Hypermetropia

- Astigmatism

Other **obvious** problems include Strabismus and its complication, outer eye infections or inflammation, traumatic complications and corneal or lenticular opacities.

2. SCOPE

2.1 This process starts with developing a plan for Eye health /vision screening program of students in private schools in Dubai. It ends with referring students with abnormal findings to next care of level and follow up from schools and school health section, with performing a beneficial Promotion and Education of standard and quality targeting the school community and parents.

3. PURPOSE

- 3.1 Define the responsibilities and authorities of all entities involved in Eye health program
- 3.2 Standardize- organize and monitor the ocular examinations and vision screening process, procedures and methods at private schools in Dubai either by school or DHA partners.
- 3.3 Detect the diseases and health disorders as early as possible among students at private schools in Dubai and refer them for further care level.
- 3.4 Perform a beneficial Promotion and Education of standard system targeting the school community and parents.

4. APPLICABILITY

4.1 This process applies to the Health care professionals working at private schools – DHA partners Professionals at Private sector and school health section team in Public Health Protection Department.

5. Eye Health Program/Vision screening at schools Steps:

5.1 Pre-program Infrastructures and Preparations:

5.1.1 Conducted by Schools Health Section/PHPD/DHA

- a. School Health Section should complete all the official required documents and logistics for the program. (policies-guidelines-standards-coded forms).
- b. School Health Section should conduct all the necessary communications and contact the stakeholders and concerned entities (governmental-private sector and the private schools).
- c. School Health Section (in collaboration with Health regulation sector) should assure that all Schools Clinics' setup for Eye examinations and vision screening are to the standards and all the requirement are fulfilled (distance, equipment, coded forms, consents and supervisory and clinic setup checklist)
- d. School Health Section to conduct training programs and group discussion for the Health care professionals, within the targeted frame time, the plan shall cover the main aspects of Eye health examinations and vision screening

program, objectives, related rules and documents and expected outcomes from all involved parties.

- e. School Health Section should provide the logistic and technical support to the schools and DHA partners.

5.1.2 Conducted by Schools' Health care professionals

- a. Schools' Health care professionals should fulfill the DHA standards and regulations for Eye examinations and vision screening program.
- b. Schools' Health care professionals should arrange with School Health Section for facilitating the program to be conducted by DHA partners or their own and finalize the schedules and dates with School Health Section.
- c. HCPs make prior arrangements regarding the screening dates, time, ensure consent provided to parents/guardians and signed and all refusal's consent forms have to share with School Health Section -PHPD
- d. Schools' Health care professionals are allowed to conduct educational programs or prepare materials or participate in the initiatives outside the school.
- e. Schools' Health care professionals should attend the training session provided by the DHA or partners.

5.1.3 Conducted by DHA partners

- a. Partners should Provide and complete all the requirements needed for partnership and conduct orientation sessions for their team as required.

- b. Partners should make prior arrangements regarding orientation of their team-the screening dates, time, ensure to communicate with schools.
- c. DHA partners are allowed to conduct training sessions and group discussion to the Health care professionals at schools or in their own centers.
- d. With MOUs, partners can conduct Eye Health promotional and educational initiatives inside and outside schools.

5.2 Activities During Eye Health Examinations

5.2.1 Equipment needed:

- a. Vision test chart /examples Snellen -Landolt C-Tumbling E- HOTV
- b. Near vision chart chosen according to child's development.
- c. Color vision test / ISHIHARA test.
- d. Rigid plastic eye patch (for young children).
- e. Hand-held eye Occluder (Denver model or similar).
- f. Pen torch

5.2.2 Forms needed:

- a. Vision screening form (Student's health file).
- b. Examinations forms- partners' form.
- c. Referral forms.
- d. Excel sheet for registry. (the annual report template).

5.2.3 Other requirements:



- a. Ensure ocular examination and vision screening is provided by trained individual(s).
- b. Use vision screening tools, standard methods.
- c. Full screening of the Students of Grade one (1)/Year two (2), Grade four (4)/Year five.
- d. (5), Grade seven (7)/Year eight (8), Grade ten (10)/Year eleven (11).
- e. Refer detected cases to the further Eye care levels (cases of Visual Acuity less than 6/9 or obvious ocular problems or student with medical complaint.
- f. Documentation of the results.
- g. To give Awareness on eye health in collaboration with the SHS- PHPD.

5.3 Post-examinations Notification and Follow-Up

5.3.1 Student with Normal Visual Acuity/Ocular Problem.

5.3.2 Each student must see with each eye at least the 6/9 or 20/30 line.

- a. Post screening notification to be send to parents/guardians.
- b. All the reports and feedback should be attached to the student's health file.

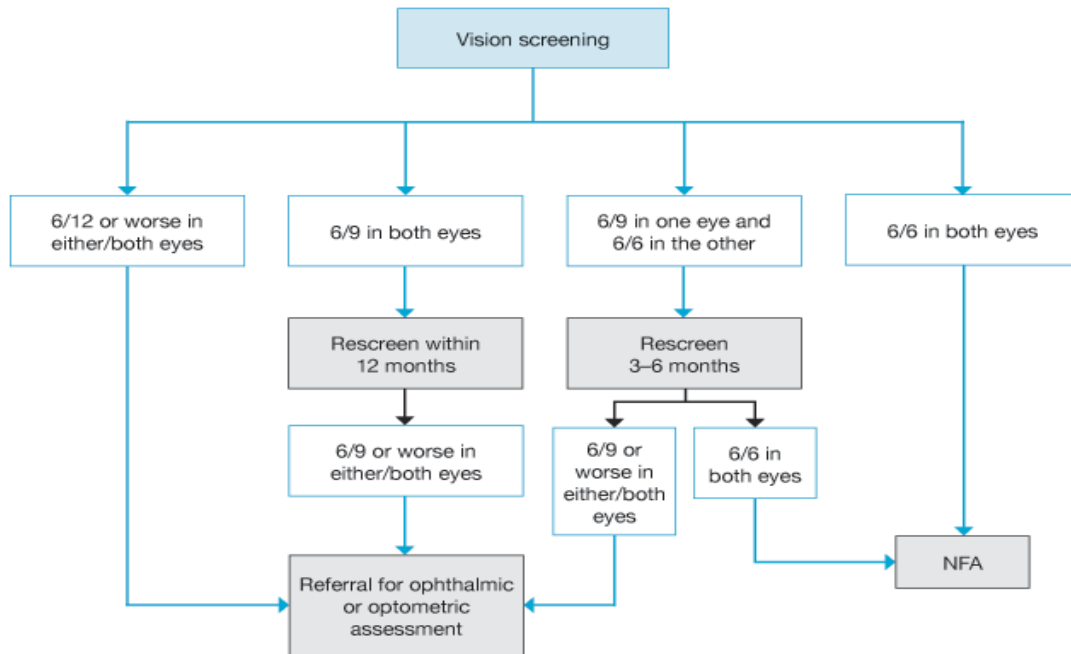
5.3.3 Student with Abnormal Visual Acuity/Ocular Problem.

If the Student sees the lines of less than 6/9 or 20/30;

- a. Age-Dependent Referral Criteria for Visual Acuity Screening.
- b. Notify the parents/guardians of student who have been screened and identified in need of visual health services. This notification shall be by mail,

telephone discussion, direct contact, or by electronic communication where available.

- c. Referral is required using the referral form registered by DHA. And shall include a referral to an optometrist/Eye specialist for a comprehensive eye exam.
- d. When vision screening is unsuccessful, student should be referred to an ophthalmologist or optometrist experienced in the care of children for an eye examination
- e. All the reports and feedback should be attached to the student's health file.



5.4 Eye Health Navigation

5.4.1 Supporting student and their families to improve their awareness and knowledge about visual health, including the importance of early identification of vision disorders, through health promotion and targeted outreach to priority populations and/or communities.

5.4.2 Promoting awareness of school-based vision screening with covered comprehensive eye examinations, and available visual health services through health promotion and targeted outreach to priority populations and/or communities

5.4.3 Utilize referral networks.

5.4.4 Conducting initiatives out of schools. (campaigns- TV. programs- painting fairs for adults and children and participating in the entertainment events mainly in the national and special days.

5.5 Data Collection and Analysis

5.5.1 DHA Partners and HCPs record and collect Eye examination and vision screening data.

5.5.2 SHS Optometrist collect reports from schools -analyze and interpret Eye Health screening data then prepare and submit the final annual report.

5.6 Assessment and Monitoring

5.6.1 As DHA regulations and monitoring standards, a comprehensive action plans of supervisory visits and corrective interventions should be applied regularly.

5.7 Continuous development

5.7.1 Corrective actions.

5.7.2 Applying innovative ideas and methods

5.7.3 Auditing of the program.

REFERENCES

- 1- Ministry of Health and Long-Term Care, Ontario- Canada: [Child Visual Health and Vision Screening Protocol, 2018 \(gov.on.ca\)](#).
- 2- California Department of Health Care Services, Systems of Care Division Child Health and Disability Prevention Program, Health Assessment Guidelines January 2017 - [CHDP Health Assessment Guidelines – Chapter 27 Vision \(ca.gov\)](#)
- 3- Citation: Ministry of Health. 2014. *National Vision and Hearing Screening Protocols: Revised 2014*. Wellington: Ministry of Health.
- 4- Guidelines for School Eye Health for the Eastern Mediterranean Region (EMR) March 2009
Developed by the Eastern Mediterranean Regional office of the International Agency for the Prevention of Blindness (EMR-IAPB), in collaboration with World Health Organization regional office for the Eastern Mediterranean Regional Office (WHO-EMRO) and the Prevention of Blindness Union (PBU). Supported by IMPACT-EMR.
- 5- Colorado School Vision Screening Guidelines
<http://www.cde.state.co.us/HealthAndWellness/download/nurVisionGuidelines.pdf>
- 6- Minnesota School Vision Screening Guidelines
<http://www.health.state.mn.us/divs/fh/mch/hlth-vis/materials/visscrnprocedure.pdf>
- 7- Saudi Ministry of Health- <https://www.moh.gov.sa/en/eServices/Pages/HEC.aspx>
- 8- <http://medical-dictionary.thefreedictionary.com/invasive+procedure> <https://www.cdc.gov/healthyschool/index.htm>

APPENDICIES

APPENDIX 1 – official forms of the program

- Basic School Eye Health Screening Form/Student Health File Template



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Dubai Health Authority
Public Health Protection Department
School Health
Basic School Eye Health Screening Form



General Information			
School		Date	
Student Name		Grade	
Nationality		Age	
		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Medical History			
Any Medical or Ocular Problem?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, state problem:			
Family History			
Student's Past & Current Medication			
Presenting Problem			
Wearing glasses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Normal vision (6/9 - 20/30- 0.8 or better)			
Right Eye		Left Eye	
Vision with Glasses (if any)		Vision with Glasses (if any)	
Examination, (Place <u>y</u> for normal and <u>x</u> for abnormal)		Right Eye	Left Eye
Red Eyes			
Eye discharges			
Squint			
Nystagmus			
Abnormal Head Posture			
Others (define):			
Decision: (Please tick ✓ as appropriate)			
Normal <input type="checkbox"/>		Referral <input type="checkbox"/>	
Staff Name	Staff Number	Signature:	

ID	Issue#	Issue Date	Effective Date	Revision Date	Page#
CP_6.2.16_F02	08	27 May 2024	27 May 2024	27 May 2027	1/2

- **Original Eye Health Annual Report**

This an annual report for the final findings, should be submitted by school staff on the end of March each year and will be attached separately to this guideline.

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Original Eye Health Annual Report

Public Health Protection Department

ID	Issue#	Issue Date	Effective Date	Revision Date	Page#
CP_6.2.16_F06	2	27-May-24	27-May-24	27-May-27	1

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Student Information (Academic Year _____)											Student Medical History						Eye Health (Including Vision Test)								
Student Demographic Data							Chronic Disease			Communicable Disease		Medication & Allergies			Family History		Vision Test		OCULAR PROBLEMS		Referral Decision				
No.	Educational Institution Name	Student Full Name	Nationality	Gender	Date of Birth (In the following format DD/MM/YYYY)	Grade / Year	Mode of Education	Chronic Disease 1	Chronic Disease 2	If Chronic Disease (Other Specify (Free text))	COMMUNICABLE DISEASES (THREE MONTHS PRIOR MEDICAL EXAM)	If Communicable Disease (Other Specify (Free text))	Student Allergy History	Student Allergy Specify (Free text)	Student Medication	Family History	If other, specify (Free text)	Right Eye	Left Eye	Right Eye	Left Eye	OCULAR PROBLEMS	If other, specify	Referral -1	
1																									
2																									
3																									
4																									
5																									
6																									
7																									
8																									
9																									
10																									
11																									

- **Eye Health Tip Sheet**

Page1:





Page 2:

Government of Dubai logo

Dubai Health Authority
Public Health Protection Department
School Health Section



هيئة الصحة بدبي
DUBAI HEALTH AUTHORITY

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- 3** General Instructions
- 4** Contents of the report/excel sheet
- 9** Important notes



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 Dubai Health Authority
Public Health Protection Department
School Health Section 

General Instructions

1. The Eye Health/vision screening Program covers all students in grades 1,4,7,10 and equivalent.
2. Adhere to all instructions in this tips sheet while you complete the required information
3. To be very committed to fill all the required cells .Carefully follow the specific provided drop list when filling the cells in the Excel sheet
4. Fill all the required conditional cells when required. (only to be filled if you choose others from the drop list)
5. To avoid using functions, calculations or auto-shapes to fill the cells.
6. Not to use any coloring or highlights (only black and white).
7. You are responsible of ensuring that all information in all of the sheet are valid and accurate.
8. Acknowledge the timeframe for submissions. Please avoid delay (maximum by the end of March every year).
9. Contact the assigned (DHA)/ School Health Section optometrist if you have any inquiries related to the program or forms.
10. Please Do Not Insert/delete or otherwise modify any cell, column, row in the report template.
11. The higher authorities of DHA will have access to these forms to measure the screening services coverage at schools. Therefore, each school has to complete

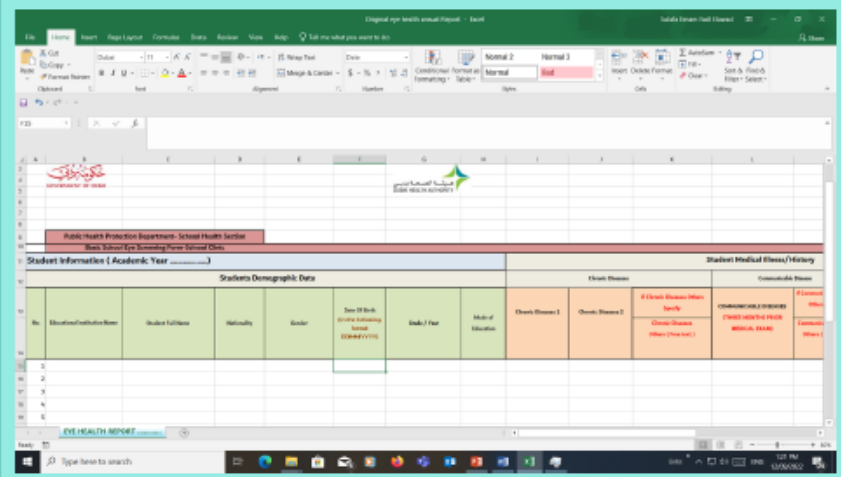
Page 4:

Dubai Health Authority
Public Health Protection Department
School Health Section

هيئة الصحة بدبي
DUBAI HEALTH AUTHORITY

Contents of the Report/Excel Sheet:

A- Demographic Data



- The serial number (COLUMN A) refers to the numbering in excel sheet, starts with 1, 2, 3...

No.	Education
1	
2	
3	
4	
5	
6	
7	
8	
9	

- To fill for the Educational institution Name from the drop list.
- To give the full name of the student in one cell (not to create extra columns, first name or sure name).



Page 5:

Dubai Health Authority
Public Health Protection Department
School Health Section

هيئة الصحة بدبي
DUBAI HEALTH AUTHORITY

Contents of the Report/Excel Sheet:

E.g. full name only in column C

C
Student Full Name

4. Nationality is to be defined from the drop list only. (column D)



5. Gender is a drop list (male, female). (column E)

6. Just to provide the age as a date of birth in the format of DD/MM/Year. (column F)

F
Date Of Birth (In the following format DD/MM/YYYY)



Page 6:

Contents of the Report/Excel Sheet:

7. The grade/ Year is a drop list. (column G)
8. Mode of Education is to be chosen from the list as of the time of medical examination.

B- Student Medical Illness/History

I	J	K	L	M	N	O	P
Student Medical Illness/History							
Chronic Diseases		Communicable Disease			Medications & Allergies		
Chronic Disease 1	Chronic Disease 2	If Chronic Diseases Others Specify	COMMUNICABLE DISEASES (THREE MONTHS PRIOR MEDICAL EXAM)	If Communicable Diseases Others Specify	Student Allergy History	If Allergy History Others Specify	Student Current Medications
		Chronic Diseases Others (Free text)		Communicable Diseases Others (Free text)		Allergy History Others (Free text)	

9. The section of Student Medical Illness/History consists of three parts (Chronic Diseases, Communicable Disease, and Medications & Allergies).
 - If the student has one chronic disease, the option for chronic disease 2 will be normal.
 - If the option in chronic disease 1 is others, the option in chronic disease 2 is normal and the name of the chronic disease 1 will be put in column K.
 - If the student has many types of allergies chose the main type from column N and put associated type in column O.
 - If the student doesn't use medicine, keep the column P empty

Page 7:

Contents of the Report/Excel Sheet:

C- Family history

Q	R
Family History	
Family History	If others, specify

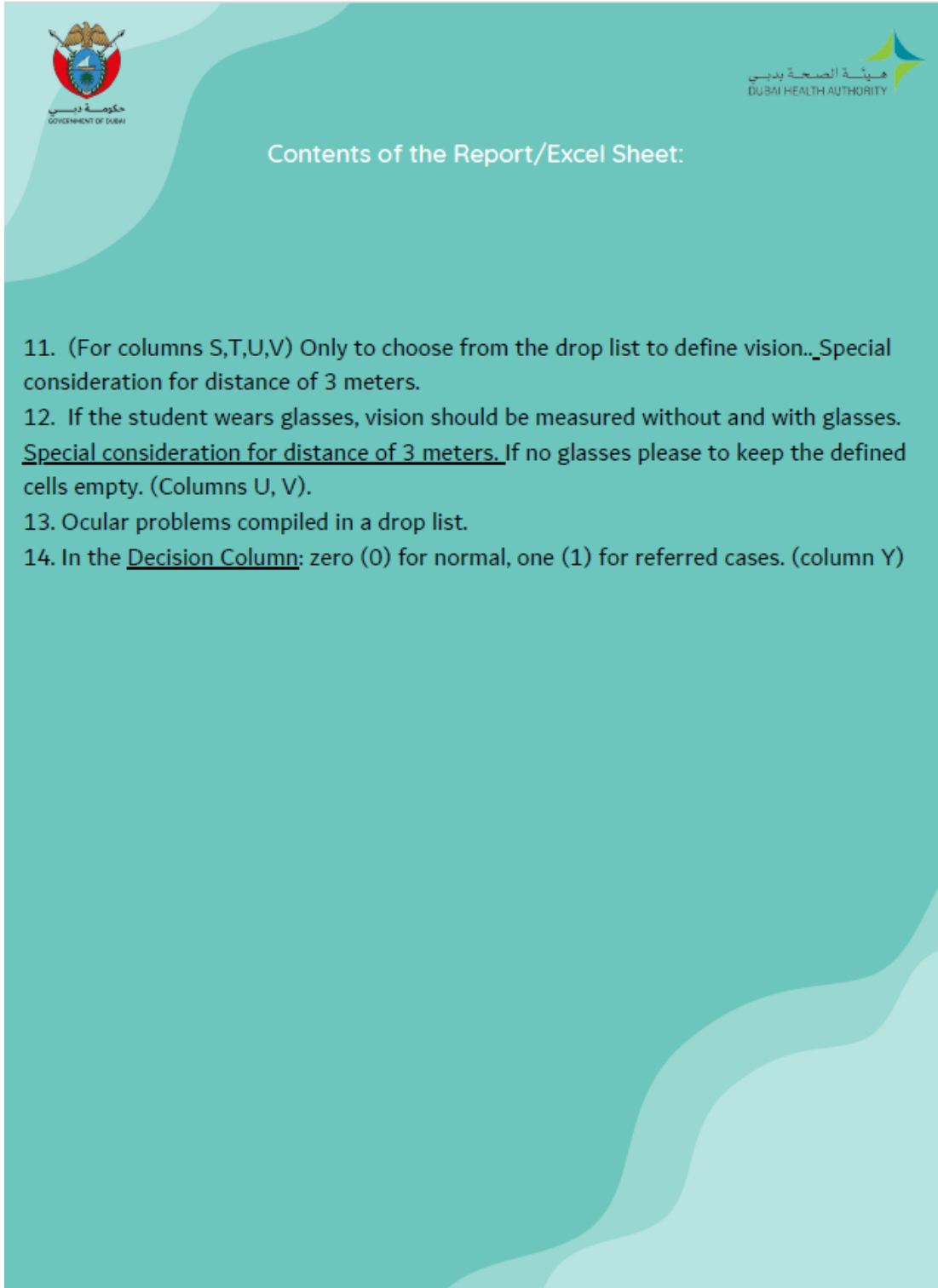
10. Family history is a drop list.

D- Eye health (Including Vision Test)

Eye health (Including Vision Test)								
Family History	Vision Test				OCULAR PROBLEMS	Referral Decision		
	Vision Without Glasses	Vision With Glasses (Keep it empty if not using eye glasses)						
Family History	If others, specify	Right Eye	Left Eye	Right Eye	Left Eye	OCULAR PROBLEMS	If others, specify	Normal +0 Referral +1



Page 8:



Contents of the Report/Excel Sheet:

11. (For columns S,T,U,V) Only to choose from the drop list to define vision.._Special consideration for distance of 3 meters.
12. If the student wears glasses, vision should be measured without and with glasses. Special consideration for distance of 3 meters. If no glasses please to keep the defined cells empty. (Columns U, V).
13. Ocular problems compiled in a drop list.
14. In the Decision Column: zero (0) for normal, one (1) for referred cases. (column Y)



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Important Notes

- If the vision is good with glasses, no need for referral unless glasses worn for more than a year or scratched. (It is recommended to check Vision regularly).
- If the vision is abnormal/ dropped even with glasses and they prescribed and worn for less than 6 months, no need for referral.
- Student referred for recheck if vision is abnormal with glasses and they prescribed and wore for more than 6 months.
- The newly or recently detected cases of other ocular diseases of ocular problems should be referred immediately.
- New admission student of grade one or higher should be examined.
- Student of (FSs, KGs) and special need are not included in the program. (vision test is under the responsibility of the parents or guardians).
- New admission student of (FS, KG) vision test information should be taken from the parents



• **Vision Screening Referral Form**

Page 1:

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Public Health Protection Department- School Health Section
Vision Screening Referral and Eye Health Report

Dear Parent/Guardian:

We routinely screen vision as part of the School Health Program, to identify children who have vision problems or might be at risk for vision problems. We refer children for an eye exam when they do not pass vision screening or are at risk of a vision problem because of a medical or developmental reason. Vision screening does not replace a complete eye exam, but it might suggest a referral to an eye specialist for a comprehensive eye exam.

You are receiving this document because your child Full Name _____ had his/her vision screened or should have an eye exam because of a medical or developmental peril for a vision problem and needs a complete eye exam with an eye specialist (Optometrist/Ophthalmologist.) It is crucial to schedule further exam. The early treatment leads to the best possible results for your child's vision. The next page of this form lists the reason(s) for this referral.

Kindly to:

- Complete the Consent and Release of Information block below.
- The second form should be filled by your eye specialist.
- Submit exam results to the school medical team and discuss with them, if necessary.

Sincerely,

[Referring DHA partner care provider, school doctor, school nurse] _____

School name and address _____

Consent and Release of Information


By my signature below, I authorize: (1) the school to release my child's vision screening results and/or medical or developmental reason for an eye exam to the eye specialist (2) my child's eye specialist to send exam results to the School (3) the school and eye specialist to discuss eye exam results (4) the school to send exam results to the child's medical consultant (if needed) for the specific purpose of notifying my child's healthcare and educational providers of any specific vision problems, recommendations, and treatment instructions related to my child's vision needs.

I understand that I may refuse to sign this authorization and that my refusal will not affect my ability to obtain an eye exam for my child or assistance for the eye exam.

(Signature of parent/guardian)

(Date)

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Public Health Protection Department- School Health Section
Vision Screening Referral and Eye Health Report

Referral for an Eye Examination

To be filled by School Medical Staff: school name



Student's information: Full Name _____
 Birth date (MM/DD/YYYY) _____ Sex (M/F) _____ Grade _____
 Parent or guardian _____ E-Mail _____
 Address _____ City _____
 Primary phone _____ ((select type) MOBILE HOME)If mobile, text messages allowed (Y/N)
 Secondary phone _____ ((select type) MOBILE HOME)If mobile, text messages allowed (Y/N)
 School doctor name _____ signature _____
 Date of referral _____ Vision screening conducted by _____

Reason for referral (Check all that Apply):

- ___ Abnormal Visual acuity (Distance ___ Near ___ Both ___)
- ___ Misaligned eyes (Strabismus)
- ___ Pupillary reflex
- ___ Red Eyes
- ___ Ocular structure concern (i.e., ptosis (drooping eyelid)
- ___ Family history of early onset vision problems
- ___ Developmental delay/chronic condition (describe)
- ___ Other (describe) _____
- ___ Color vision _____

Additional comments:

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**Public Health Protection Department- School Health Section
Vision Screening Referral and Eye Health Report**

To be filled by Eye Specialist:

Date of ocular examination: _____

Visual acuity	RE	LE	Info Vision Screening School Should Know/Do
Without glasses			
With glasses (if any)			

Examinations:

Refraction: RE _____ LE _____

Diagnoses: _____

Treatment recommended o Medical: _____ o Glasses _____ o Contact Lenses _____ o Other: _____

Corrective lenses prescribed o Constant wear _____ o for near only _____ o for distance only _____

Amblyopia o Patching recommended _____ hrs. daily o RE _____ o LE _____

Low vision evaluation/assistance recommended _____

Re-examination advised o within 6 months _____ o Within 12 months _____ o Other: _____

Other: _____

Eye Care Provider contact information:

ECP Name _____ clinic name _____ Phone _____ - _____

Address _____ signature/stamp _____