



JINDAL VIDYA MANDIR, VIDYANAGAR

Cir: JVM/2021-22/Students/All Campus

Date: 29 December 2021

VISION SCREENING AT JVM/JAV/TAMANNA SCHOOLS

"HOLD THE VISION. DROP THE EXCUSES REMEMBER YOUR WHY, SWERVE AROUND OBSTACLES. TRUST THE PROCESS." Anonymous

In the wake of the online education for the past months, eye care has become an important aspect of our physical and mental wellbeing. The JSW foundation in coordination with the JSW schools are starting free of cost VISION SCREENING and CORRECTION programme for students of class 1 to 12 and staff for all campuses. The screening shall start from 3rd January 2022, where in a preliminary screening and an eye-checkup will be carried out by an ophthalmologist with the help of a technician and the school staff.

The school, hereby, informs and encourages the parents to send their wards for the screening as per the mentioned schedule. The screening includes preliminary chart reading under supervision and eye checkup by the ophthalmologist with a torch. The eye-health status shall be recorded on a prescription letter and given to the students.

The doctor shall refer the child for a free of cost further consultation at JSH if needed, based on the checkup. The parents who want an eye checkup done for their ward should send a print-out of the consent form (annexure I), signed by the parent on or before 3rd January.

DATE: 3rd January 2022 to 21st February 2022

DATE-WISE SCHEDULE

JVM (VDN)

Note: The dispersal timings for the students will be after completion of the screening every day.

SLOT/ SCHOOL	Date: 3.01.22
SLOT 1: No. of Students : 342	CLASS 12 th : 9 am to 11 am. CLASS 10 th : 11 am to 3 pm Staff: 9 th to 12 th teachers (3 TO 4 pm)
SLOT 2: No. of Students : 396	Date: 7.1.22
	CLASS 11 th : 9 am to 11 am. CLASS 9 th : 11 am to 3 pm

	Staff: 6 to 8th teachers (3 TO 4 pm)
SLOT 3: No. of Students : 425	Date: 8.1.22
	CLASS 5 th : 9 am to 10:15 am. CLASS 6 th : 10:15 am to 11:30 am CLASS 7 th : 11:30 am to 1 pm CLASS 8 th : 2 to 3 pm Staff: 1 to 5 th teachers (3 TO 4 pm)
SLOT 4: No. of Students : 397	Date: 10.1.22
	CLASS 1 : 9 am to 10:30 am CLASS 2: 10:30 am to 12 pm CLASS 3: 12 pm to 1:15 pm CLASS 4: 2 pm TO 3 pm Staff: KG teachers and Office staff (3 to 4 pm)

JVM (HST)

SLOT/ SCHOOL	Date: 11.2.22
SLOT 1	CLASS 1: 10:30 am to 12:30 pm CLASS 2: 1:15 pm to 3:15 pm. CLASS 3: 3:15 to 4:30 pm Staff: 9 am to 10:15 am
	Date: 12.2.22
SLOT 2	CLASS 4: 10:30 am to 12 pm CLASS 5: 12 pm to 1:15 pm CLASS 6 A, B, C, D and E: 2 pm to 4:30 pm Staff: 9 am to 10:15 am
	Date: 14.2.22
SLOT 3	CLASS 6 F and 7: 10:30 am to 1 pm CLASS 8: 1:45 pm to 4 pm Staff: 9 am to 10:15 am

JVM (VVN)

SLOT/ SCHOOL	Date: 18.2.22
SLOT 1	CLASS 1: 10:30 am to 1 pm CLASS 2: 1:45 pm to 3 pm CLASS 3 D, E and F: 3 pm to 4:30 pm Staff: 9 to 10:15 am
	Date: 19.2.22
SLOT 2	CLASS 3 G & H: 10:30 am to 11:30 am

CLASS 4: 11:30 am to 1:15 pm CLASS 5: 2 pm to 4 pm Staff: 9 to 10:15 am

LOCATION IN CAMPUS:

JVM (VDN): Room No. 3 (Health and Wellness room)
JVM (HST): Open Library
JVM (VV Nagar): Room No. 10

RESPONSIBILITIES:

Consent form collection, registering and assembling the students at the given locations:
Class Teachers.

Note: Class teachers to have spare consent letters, in case students are unable to get the print out.

Coordination of screening along with Mrs. Yukti Siras: 4 teachers nominated for each campus.

JVM (VDN): Mr. Siddalingappa/ Mr. Sunil SS, Mr. Pramod/ Mr. Kotresh, Mrs. Siddhamma/ Mr. Pradeep Dash and Mr. Siddheshwara/ Mr. Shivayogi. **(As per availability)**

JVM (HST): Mr. Tintu, Ms. Suhasree, Mr. Ramesh, Mrs. Divya.

JVM (VVN): Mrs. Uma Siddheshwara, Mrs. Hamsaveni, Mrs. Sheeja Uday and Mrs. Aarti Verma.

Tamanna: All the available Staff/Teachers shall accompany the students.

Equipment: Torch and charts to be brought by the hospital personnel.

Regards,



Mrs. Ishwari K Sharma

Academic Head, (JSW School Cluster, Karnataka)

Annexure 1
Parent Consent Letter

Dear Principal,

I, parent/guardian of Master/Ms
studying in Class/ Section/....., give consent to allow my ward to under-go vision
screening at the school campus as per the given schedule.

I declare that my son/daughter is in good health and is not under any medication / medical
treatment that may compromise their immunity. I agree to my ward's strict adherence to the
government and school guidelines to be followed in this phase of pandemic.

Thanking You,

Name of Parent:

Signature of Parent:

Name of Student:

Signature of Student:

Contact No.: