



Texas School for the Blind and Visually Impaired

A center for educational services for all blind and visually impaired students in Texas

William Daugherty, Superintendent
1100 W. 45th Street Austin, Texas 78756
(512) 454-8631 Toll-free: (800) TSB-KARE
www.tsbvi.edu

Re: Retinal Precautions Information

Dear Parent/Guardian/Adult Student,

Certain eye and medical conditions are associated with increased risk of retinal detachment. When TSBVI is aware that a student has one or more of these conditions (see list below), we will place the student on “retinal precautions” according to school guidelines. This is to ensure the student’s safety and to prevent any further vision loss from occurring while attending any of the programs offered at TSBVI.

This means that the student will be restricted from activities likely to cause a blow or jarring to the head, such as contact sports, ball sports, and jumping activities.

If the student has one or more of the conditions listed below, and you would like to have the precautions removed or altered in any way, the attached retinal precaution form must be completed and signed by you and by the student’s **ophthalmologist or optometrist**. When TSBVI receives the form signed by you and by the doctor, TSBVI will consider removing certain precautions.

If the student has none of these conditions then please disregard this letter, there is nothing you need to do.

- ROP (with functional vision, ie. more than just light perception)
- Coloboma (bilateral)
- High myopia – Precautions are only necessary if a student has high myopia.
- Toxoplasmosis
- Posterior vitreous detachment
- Diabetes - if related to Glaucoma
- Glaucoma –if using pilocarpine eye drops, or if the Glaucoma is related to Diabetes, or is indicated by eye doctor
- Uveites – chronic eye infection
- Marfan syndrome
- CHARGE syndrome
- Any history of retinal detachment
- X-Linked Juvenile Retinoschisis
- Coats Disease

You may return the signed retinal precaution form via fax or bring it with you to registration.

Please contact **Alyssa Johnson** if you have any questions regarding these precautions.

Alyssa Johnson
Center for School Resources
johnsona@tsbvi.edu
P. (512) 206-9181
F. (512) 206-9148

Texas School for the Blind and Visually Impaired
Retinal Precautions Waiver

Student's Name: _____ **Student's Date of Birth:** _____

Medical or visual diagnosis requiring retinal precautions: _____

Dear Parent/Guardian/Agent or Adult Student,

As you know, TSBVI has taken retinal precautions for the student due to the student's specific medical or visual diagnosis which puts her/him at higher risk for having retinal detachments. Here is the precaution statement given to TSBVI staff:

"Student is at risk for retinal detachment. Student may not participate in activities likely to cause a blow or jarring to the head. Such activities include, but are not limited to, cheerleading, trampoline, jumping rope, gymnastics, water or snow skiing, contact sports (such as soccer, football, martial arts, basketball, or wrestling), and sports with flying projectiles (such as goal ball, tennis, baseball, volleyball or softball). Student may not dive headfirst into a pool or body of water. Staff should notify the Health Center immediately if student complains of sudden changes in vision, seeing flashes, an increase or development of floaters, or any other changes in peripheral vision."

You have asked TSBVI to lift or alter these precautions and to allow the student to participate in some or all of these activities. We ask that you discuss the need for the student to have retinal precautions with the student's ophthalmologist or optometrist. In order for TSBVI to consider waiving or altering this precaution for **ONE YEAR**, please have the student's ophthalmologist or optometrist complete the appropriate statement below and return this letter to me:

____ As the ophthalmologist or optometrist for the student listed above, I recommend that the student **does not** need retinal precautions as described in this letter. The student may participate in the activities described without restriction.

____ As the ophthalmologist or optometrist for the student listed above, I recommend that the retinal precautions be revised in the following way:

____ As the ophthalmologist or optometrist for the student listed above, I recommend that the student continue to comply with retinal precautions as described.

REQUIRED: _____
Ophthalmologist or Optometrist's Signature Date

Ophthalmologist or Optometrist's Name (Please Print): _____

Address: _____

Phone Number: _____

REQUIRED: _____
Signature of Parent or Guardian or
Student age 18 or older who is able to give informed consent or
Other Person with Legal Authority (Power of Attorney, Voluntary Adult Caregiver, or Agent)

Printed Name of Parent/Guardian/Agent or Adult Student Date

**Waiver will not be accepted without the signatures and printed names of both parties.*

Fax or email signed waiver to: Alyssa Johnson
Center for School Resources
johnsona@tsbvi.edu
P. (512) 206-9181
F. (512) 206-9148