

smart eye start

Let's detect **VISION** problems
before it affects a child's learning



**Catholic
Education**
Diocese of Cairns
Learning with Faith and Vision



Optometry
QUEENSLAND
NORTHERN TERRITORY

Smart Eye Start is an initiative of Optometry Queensland, together with Cairns Catholic Education, to promote the screening of children before entering school, or as early as possible in the early years of schooling for those who have not been screened prior.

The program provides comprehensive eye examinations by member Optometrists for children entering the Catholic school system. This comprehensive eye examination will ensure the one in four children with significant eye conditions do not go undetected.

Without early detection, eye conditions can negatively impact on a child's social and educational development, and in some cases, increase the risk of total blindness in adulthood.

Participating **OPTOMETRISTS** in Far North Queensland

Alex Norris	Eye Supply Optometrists Shop 37/106 Barnard Drive, Mount Sheridan Q 4868	4036 4447	Bulk Bills with Conditions
Jane Chin	Total Optical 1 Newton Street, Manunda Q 4870	4031 1360	Does not Bulk Bill
Jeffrey Reid	Jeffrey Reid Optometrist 20B Main Street, Atherton Q 4883	40911054	Does not Bulk Bill
John Holme	John Holme Optometrist 12 Herberton Street, Mareeba Q 4880	4092 1655	Bulk bills for Children
Lindy Tram	OPSM Shop 116B, Cnr Captain Cook & Kennedy Hwy, Smithfield Q 4878	4038 2555	Bulk bills
Michael Chu	Michael Chu Optometrist 1st Floor, Suite 6, 361 Sheridan St, Nth Cairns Q 4870	4031 2788	Bulk Bills with Conditions
Nichole Yik	Eyebus Rocky Point, Weipa Q 4874	0409 221 477	Bulk bills
Shane Mortier	Eyecare Plus Clifton Beach Shop 25, Clifton Village, Clifton Beach Q 4879	4059 1444	Does not Bulk Bill

**Make an appointment for your child with one of the above Optometrists
or an Optometrist of your choice and return the form overleaf to your Catholic school
when your child starts/returns to school.**

SMART EYE START Form

For your child's school

Date _____

Student name _____

School name _____

Class _____ **in Year** _____

Age _____

Optometrist _____

Optometrist Practice _____

Date of Test _____

Signature of Optometrist _____

(Verifying test has been completed)

Date form returned to school _____

Return this form to your Catholic school when your child starts/returns to school.

For further information, phone Catholic Education Services on 4050 9786