

# Does the child...



**have  
red  
eyes?**

**IF YES, GET THEM CHECKED!**  
**Visit your nearest clinic/optometrist**

# Does the child...



**IF YES, GET THEM CHECKED!**  
**Visit your nearest clinic/optometrist**

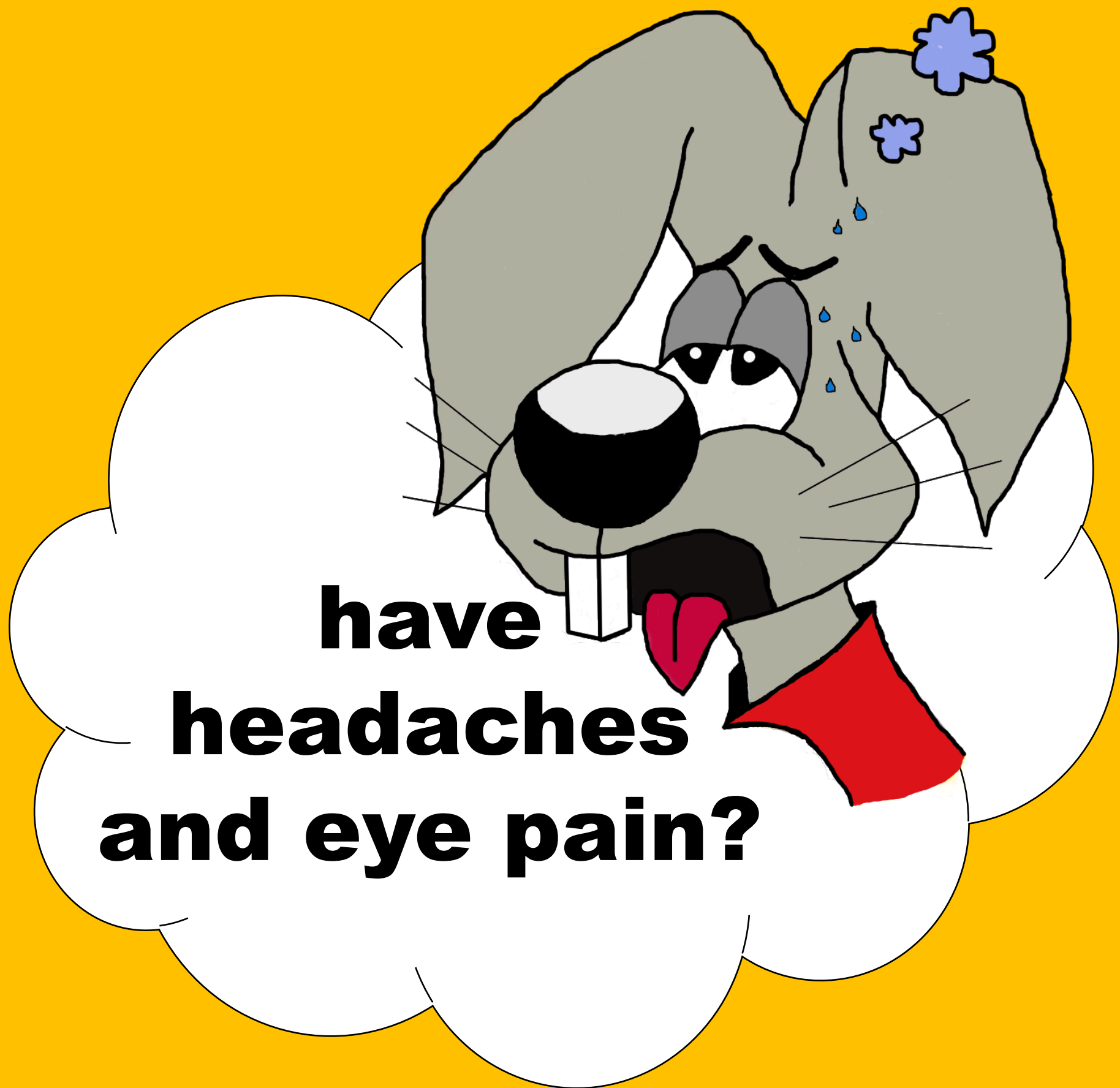
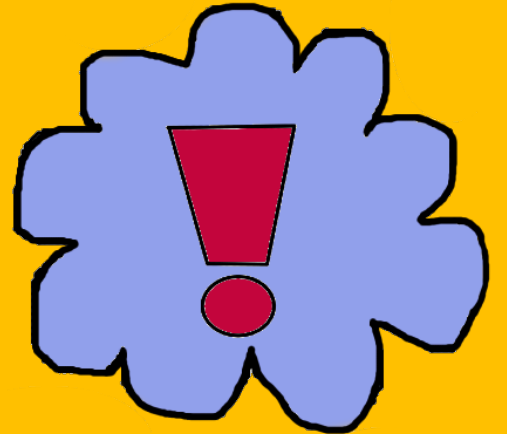
# Does the child...



**have  
yellow  
discharge  
from their  
eyes?**

**IF YES, GET THEM CHECKED!**  
**Visit your nearest clinic/optometrist**

# Does the child...



**have  
headaches  
and eye pain?**

**IF YES, GET THEM CHECKED!**  
**Visit your nearest clinic/optometrist**

# Does the child...

bring  
objects  
**TOO CLOSE**  
to their eyes?



**IF YES, GET THEM CHECKED!**  
Visit your nearest clinic/optometrist

# Does the child...

**have cross  
eyes?**



**IF YES, GET THEM CHECKED!**  
**Visit your nearest clinic/optometrist**

# Does the child...

**squint their  
eyes?**



**IF YES, GET THEM CHECKED!**

**Visit your nearest clinic/optometrist**

# Does the child...



**have  
blurry  
vision?**

**IF YES, GET THEM CHECKED!**  
**Visit your nearest clinic/optometrist**



# Does the child...

**frequently  
rub their  
eyes?**



**IF YES, GET THEM CHECKED!**

**Visit your nearest clinic/optometrist**