

*Office Use Only:*

Session # \_\_\_\_\_

## VISION SCREENING COVER SHEET

PLEASE *PRINT* CLEARLY

### A. SITE INFORMATION

Date \_\_\_\_\_ Private  Public  Special Event

Site Name \_\_\_\_\_

Street Address \_\_\_\_\_

City and Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Site Contact Person \_\_\_\_\_ Fax (Important) \_\_\_\_\_

Name of Public School District (if applicable) \_\_\_\_\_

### B. SCREENING RESULTS

Number of children screened \_\_\_\_\_

Number of children referred \_\_\_\_\_

Time Taken IN MINUTES (time you left home to volunteer to time you arrived home from site) \_\_\_\_\_

Camera/Screener Serial # \_\_\_\_\_ (Include all digits)

### C. LIONS CLUB INFORMATION

Lions Club Contact \_\_\_\_\_

(A summary of results will be mailed to the club contact.)

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

District: **CIRCLE ONE** 6C 6NE 6SE 6W Club Name: \_\_\_\_\_

Screener Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Club Name \_\_\_\_\_

**Other Lion Volunteers? On the back, please write additional names of volunteers and club they belong to if applicable.**

**SEND RESULTS TO:**

**HOLLY RUTHERFORD-ALLEN  
7595 S. WILLOW WAY  
CENTENNIAL, CO 80112  
720-325-7078**