

Office Use Only:

Session # _____

VISION SCREENING COVER SHEET

PLEASE PRINT CLEARLY

A. SITE INFORMATION

Date _____ Private Public Special Event

Site Name _____

Mailing Address _____

City and Zip Code _____ Phone _____

Site Contact
Person _____

Name of Public School District (if applicable) _____

B. SCREENING RESULTS

Number of children screened _____

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

Camera/Screeener Serial # _____

C. LIONS CLUB INFORMATION

Lions Club Contact _____

Check here if you do not need a summary of results ()

Address _____

City/Zip _____ Phone _____

Email _____

District: CIRCLE ONE 6C 6NE 6SE 6W Club Name _____

Screeener Name _____

Address _____

Telephone _____

Club Name _____

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

HOLLY RUTHERFORD-ALLEN
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720-325-7078

