



Vision Screening Cover Sheet

Results of the screening will be sent to the address below to be passed out by the school.

If the results need to be sent to the child's home address instead of the screening location please check here. _____

Does the school want a separate summary sheet of the screening results for their files? Yes or No (please circle)

Date of screening: _____

Screening site (name of center): _____

Address: _____

City & zip code: _____

Contact person at screening site (Daycare/Preschool Director): _____

If this is a Head Start please list a contact person that can be contacted to help with follow-up on referred children: _____

Phone #: _____ Email Address: _____

Lions Club Information

Sponsoring Lions Club: _____

Address: _____

City & zip code: _____

Lions Club Contact at Sponsoring Club: _____

Telephone number: _____

Email: _____

Name of Person that screened the children: _____

District: _____

Please send the Consent/Result forms and Vision Cover Sheet to:

Sheila Christoff, Program Coordinator
Operation KidSight
8780 Purdue Rd., Suite 5
Indianapolis, Indiana 46268