



Kentucky KidSight

Vision Screening Cover Sheet

A. Vision Screening Site Information (PLEASE PRINT LEGIBLY)

(Results will be mailed to this address.)

1. Date: _____
2. Screening Site: _____
3. Address: _____
4. City & Zip-code: _____
5. County: _____
6. Contact Person: _____
7. Phone: (____) _____

B. Preliminary Screening Results

1. Number of Children: _____
 2. Number of Photos Taken: _____
 3. Camera Serial No. _____
- _____ **Pass** _____ **Refer** _____ **C.U.T.** _____ **Unreadable**

C. Lions Club Information:

1. Lions Club Contact: _____
2. Address: _____
3. City & Zip-Code: _____
4. County: _____
5. Club _____
6. Telephone Number: _____
7. Photographer: _____
8. Recorder: _____
9. Escort: _____
10. District: _____
11. Supervisor in attendance: _____
12. Time on location: _____

Please send the Consent/Results form, along with all photos taken, to:

KidSight
Kentucky Lions Eye Foundation
301 E Muhammad Ali Blvd.
Louisville, KY 40202-1594