



Lions KIDSIGHT Arizona
Report Screening Results
azkidsightreports@gmail.com



Lions Club Name: _____

Lion Team Lead: _____ **Phone:** _____

Name of Facility: _____

Address of Facility: _____ **Zip** _____

Please Print Name of Nurse or School Contact that Club Arranged Vision Event:

Phone Number: (_____) _____ - _____

Does your club sponsor the school nurse for VSP Gift Certificates to the above school or their school district? Yes _____ No _____

Do you want a Kidsight team member to contact the above person to offer a free eye exam and eyeglasses to those students with no vision insurance? Yes _____ No _____

Date of Screening: ____ / ____ / 20____

Total Number of Hours Served: _____ **Total No. Lions** _____

Please indicate the total number Screened, Passed, Inconclusive

Total #Screened _____ **Passed** _____ **#Referred** _____ **#Inconclusive** _____

Color Vision Test Performed: Yes or No **Passed:** _____ **Failed:** _____

Stereopsis Test Performed: Yes or No **Passed:** _____ **Failed:** _____

Please email this completed form to azkidsightreports@gmail.com.

If unable to email, contact Lion Donna Harris at 602-617-8051

Thank you for your Service.