



Vision Screening Cover Sheet

Vision Screening Site Information

Date: _____
Screening site: _____
Address: _____
City & zip code: _____
Contact person at screening site: _____
Phone: _____

Results of the screening will be sent back to the above address. If it is an open screening and results need to be sent directly to the child's home address please check here _____

Does the school need a separate copy of the results for their records? Yes or No

Number of children successfully screened where a printout was obtained? _____
Number of children that **were cooperating**, but no printout was given after multiple tries? _____
Number of children that you attempted to screen, but were **NOT cooperative** and you were unable to obtain a printout/reading? _____

Lions Club Information

Sponsoring Lions Club: _____ District: _____
Address: _____
City & zip code: _____
Lions Club Contact: _____
Telephone number: _____
Email: _____
Name of Person that screened the children: _____

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

Janice Chapman, Program Coordinator
Operation KidSight
P.O. Box 6141
Fishers, Indiana 46038

(Office Use Only)

Pass _____ Refer _____