

LIONS OF MICHIGAN FOUNDATION PROJECT KIDSIGHT SCREENING LOG FORM

Project #: _____ Screening Date: _____

Screening Site: _____ City/Zip Code: _____

KidSight Technican: _____ Telephone: _____

Count	First Name	Last Name	Birth Date	Pass	Refer	Other
1						
2						
3						
4						
5						
6						
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26						
27						
28						
29						
30						
31						
32						
Screening Totals						