



Lions of Michigan Foundation Project KidSight



SCREENING SUMMARY FORM

SCREENING DATE: _____

PROJECT NUMBER (Assigned By KidSight Coordinator): _____

SCREENING SITE:

County: _____
Site Name: _____
Site Contact: _____
Telephone: _____
Email: _____
Street Address: _____
City/Zip Code: _____

SCREENING RESULTS:

Children Screened: _____
Children Passed: _____
Children Unreadable: _____
Children Referred: _____ (Attach Results To Consent Forms)

Monocular Tests: _____

SPONSORING LIONS CLUB & DISTRICT INFORMATION:

KidSight District Coordinator: _____
Telephone/Email: _____ / _____

KidSight Vision Technician: _____
Telephone/Email: _____ / _____

Sponsoring Lions Club: _____
Lions Club Representative: _____
Telephone/Email: _____ / _____

Screening Device: _____
Serial Number: _____

Total Event Volunteers: _____
Total Volunteer Hours: _____