

# Lions SureSight Vision Screening Summary Report

Screening Site: \_\_\_\_\_ Screening Date: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
\_\_\_\_\_  
Fax: \_\_\_\_\_  
Screening Start Time: \_\_\_\_\_ Screening Completion Time: \_\_\_\_\_  
Number of Children Screened: \_\_\_\_\_ Screening Type Sponsored / Open

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SureSight Number \_\_\_\_\_ Battery Recharged \_\_\_ Yes \_\_\_ No  
Lions Club: \_\_\_\_\_ Region: \_\_\_\_\_ Zone: \_\_\_\_\_  
Club Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ (H)  
Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_ (W)  
\_\_\_\_\_  
E-mail: \_\_\_\_\_  
Team Leader: \_\_\_\_\_ Operator: \_\_\_\_\_  
Recorder: \_\_\_\_\_ Others: \_\_\_\_\_  
Comments or Problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Attach this report to the Consent/Result Forms, place in USPS Priority Mail envelope and send to:

**MD22 Preschool Vision Screening Program Coordinator  
Lions Community Outreach Foundation  
9470 Annapolis Road, Suite 415  
Seabrook, MD 20706**

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**To be Completed by Program Coordinator**

Number of Children Pass: \_\_\_\_\_ Number of Children Referred: \_\_\_\_\_  
Number of Children Retake: \_\_\_\_\_

Initials \_\_\_\_\_ Date: \_\_\_\_\_