District 33-A Lions Sightmobile, Inc

School Hearing and Vision Screening Report

Date Form Completed:	At Site from	to:

Sponsoring Club	Lion Contact	Phone #
Name of School	Email:	
Mailing Address	Town	
School Nurse:	Phone:	Email:
Test Groups:		

THIS INFORMATION IS NECESSARY BECAUSE WE ARE REQUIRED TO KEEP PERTINENT RECORDS AND TO REPORT ALL USAGE OF THE SIGHTMOBILE TO LIONS INTERNATIONAL

PLEASE USE ONE FORM FOR EACH SCHOOL USING THE SIGHTMOBILE **THANK YOU FOR YOUR COOPERATION**

Students Grade	Total # of Students Screened	VISION TEST # referred for further Tests	VISION TEST # referred to Lions Club	HEARING TEST # referred for further Tests	HEARING TEST # referred to Lions Club	REMARKS
TOTALS						

PLEASE ENTER NUMBERS IN WHITE BOXES.

NOTE: UPON COMPLETION OF SCREENING, PLEASE COMPLETE THIS FORM AND RETURN IT WITHIN 15 DAYS TO THE STATISTICIAN: