Louisiana Lions Eye Foundation
Cubsight Children's Vision Screening Program
Screening Cover Sheet

Vision Screening Site Information:

Date of Screening:_____/_____/_____

Screening Site: _____

Address: _____

City and Zip Code: _____Parish: _____

Location Contact: _____ Phone: ( ) _____ - _____

Email Address for School Contact: _____

Preliminary Screening Results: (Only fill in number referred if using PlusOptix Camera)

Number of Children Screened: _____ Number Referred:_____ Number Unscreenable _____

If screening with the PlusOptix Camera, **Did the site receive a copy of the results?**

(please circle one) YES NO

Screener's Information:

Lions Club: _____District: _____

Contact: _____

Phone Number: (_____) _____-_____ Phone Number: (_____) _____-_____
Primary Secondary

Email address: _____

Photographers: _____

Please send a copy of the Consent/Results form with this cover sheet to:

Louisiana Lions Cubsight Program

2020 Gravier St., Suite B, New Orleans, LA 70112