



Louisiana Lions Eye Foundation CubSight Vision Screening Cover Sheet



Screening of 1st Grade and Below

Date of Screening: _____/_____/_____

Screening Site: _____

Address: _____

City: _____ Zip Code: _____ Parish: _____

Location Contact: _____ Ph: (_____) _____ - _____

Email: _____

Screening Results:

Total Screened: _____ Referred Results: _____ Unable to Screen _____

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 **8** - _____

Club Coordinator: _____ Camera ID #s _____ / _____

Phone Number: (_____) _____ - _____ Phone Number: (_____) _____ - _____

Email address: _____

Photographer _____

Please send a copy of the Consent/Result forms with this cover sheet to:

Louisiana Lions CubSight Program

2020 Gravier Street Suite B

New Orleans, LA 70112

(504) 525-7235

(FY2020/2021 Rev: 9/9/20)