



Louisiana Lions Eye Foundation CubSight Vision Screening Cover Sheet



Screening of 2nd through 12th Grade

Date of Screening: _____/_____/_____

Screening Site: _____

Address: _____

City: _____ Zip Code: _____ Parish: _____

If mailing address is different enter here:

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

Email: _____

Screening Results:

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

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: _____

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

**Louisiana Lions CubSight Program
2020 Gravier Street, 7th Floor, Suite B
New Orleans, LA 70112**

(504) 525-7235

Rev: 5/12/2021