



# 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: \_\_\_\_\_

If mailing address is different enter here:

\_\_\_\_\_

Location Contact: \_\_\_\_\_ Ph: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

### Screening Results:

Referred: \_\_\_\_\_ Inconclusive: \_\_\_\_\_ Pass: \_\_\_\_\_ Total Screened: \_\_\_\_\_

Did the site receive a copy of the results? (Please Circle one)

YES

NO

### Screener's Information:

District **8** - \_\_\_\_\_ Camera ID # \_\_\_\_\_ (on front of unit) Camera ID # \_\_\_\_\_ (2nd unit)

Lions Club: \_\_\_\_\_

Contact: \_\_\_\_\_ 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**

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