



Louisiana Lions Eye Foundation CubSight Vision Screening Cover Sheet



Screening of all ages

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

Rev: 8/01/2026