



KidSight Outreach Vision Screening Cover Sheet



A. Vision Screening Site Information

(Results will be returned to this address.)

1. Date: _____
2. Screening Site: _____
3. Address: _____
4. City & Zip Code: _____
5. Contact Person: _____
6. Phone: (____) _____
7. Email: _____

B. Screening Results

1. Number of Children: _____
2. Children Over Age: _____
Screenings of children over 72 mos. of age will be interpreted and returned to screening site; however, they will not be included in program statistics.
3. Screening Instrument Serial Number: _____

_____ Pass _____ Refer _____ C.U.T _____ Unreadable
(Currently Under Treatment)

C. Lions Club Information:

1. Lions Club Contact: _____
2. Address: _____
3. City & Zip Code: _____
4. Club: _____
5. Telephone Number: _____
6. Email: _____
7. Screener: _____
8. District: _____

Please send the signed parent consent forms with attached results labels to:

Tennessee Lions Charities, Inc.
Arthur Wilhoite, Director of KidSight Operations
505 Fesslers Lane
Nashville, TN 37210-2814

© September 1997. Vanderbilt University, all rights reserved. Revised June 2021.

