District 33-A Lions Sightmobile, Inc.
School Hearing and Vision Screening Report

Date of form completion:_____ Sightmobile at School from _____ to_____

Sponsoring Lions Club: Lion Contact: Phone #

Proper name of School: Email:

Mailing Address: Town:

School Nurse: Phone #: Email:

Grades tested:

This information is necessary because we are required to keep pertinent records and to report all usage of the Sightmobile to Lions International. **Please use one form for each school, in the case of multiple school use.** Thank you so much for your cooperation.

Students Grade	Total # of Students Screened	Vision Test		Hearing Test		Remarks
		Number referred for further tests	Number referred to sponsoring Lions Club	Number referred for further tests	Number referred to sponsoring Lions Club	

Note: Upon completion of School Screening, please complete this form and return it within 15 days to the Sightmobile Statistician listed in the District Directory and www.lions-33a.org.