



Lions SEE, Inc.
At the Ira G. Ross Eye Institute
1176 Main St., Buffalo, New York 14209
(716) 881-7915 (716) 887-2991 Fax
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Vision Screening Cover Sheet

Print Legibly

A. Vision Screening Site Information

(Results will be mailed to this address)

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

B. Preliminary Screening Results

1. Number of Children: _____
2. Number of Photos Taken: _____
3. Length of Screening (minutes): _____
4. Camera Serial Number: _____

C. Lions Club Information

1. Lions Club Contact Person: _____
2. Address: _____
3. City & Zip-code: _____
4. Club: _____
5. Phone: (____) _____
6. Photographer: _____
7. Escort: _____
8. Recorder: _____
9. District: _____
10. Supervisor in attendance: _____

Please send the Consent/Result forms,
along with the print outs, to the address above.