

Make Your Event Count

Community Health Screening Event Report:

Date: _____

*This **MUST** be filled out completely for each event!*

Event Information (Circle one): Public School

Age Category or Type of Event Screened (circle all that apply):

Daycare/ Pre-School 6 months to 4 years	Pre-Kindergarten 4 years to 6 years	Elementary K thru 6 th grade	Junior High / High School	Health Fair Event
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Event/School Name: _____

Sponsoring Club/Coordinator: _____

Time of set up: _____

Time of close out: _____

Number of Volunteers: _____

#Patrons Screened

#Patrons Referred

_____	Vision	_____
_____	Hearing	_____
_____	Total	_____



Comments: _____

ATTENTION: Please send completed forms to Vision Coordinator via the mail, email, fax or phone call. We must have all data to record for our community impact report! Thank you for your time and efforts to make our communities a brighter place!