Community Health Screening Event Report:  
This **MUST** be filled out completely for each event!  

Date: ____________  

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 6th grade  
- Junior High / High School  
- Health Fair Event  

Event/School Name: ____________________________________________________________  

Sponsoring Club/Coordinator: ___________________________________________________  

Time of set up: ____________  

Time of close out: ____________  

Number of Volunteers: ____________  

#Patrons Screened  

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<tr>
<th>Vision</th>
<th>Hearing</th>
<th>Total</th>
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#Patrons Referred  

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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!