



## Vision Screening Registration Form

If you wear eyeglasses or contacts you must have them with you for the vision screening

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ (Optional)

Race \_\_\_\_\_ \* Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

\*Race: A=Asian, AA=African American, C=Caucasian, H=Hispanic, O=Other

**Risk Assessment (Check all that apply)**

- I have blood relatives with Glaucoma.
- I have had a doctor treat me, or say I have glaucoma.
- I have had an eye injury or eye surgery.
- I have noticed a change in vision in the past 12 months.
- I have persistent pain in or around one or both eyes.
- I am over age 65.
- My last dilated eye exam was more than two years ago.
- My last eye exam by an eye care professional was more than two years ago.
- I have Diabetes.
- I have Diabetes and my last dilated eye exam was more than one year ago.

**Statement on Screening**

This vision screening can help determine if you see as well as you should. Keep in mind that many underlying health factors may affect the result of the screening. Screenings will not evaluate all eye disorders. If you suspect that you are not seeing properly you should arrange for a professional eye examination regardless of the results of this screening.

X \_\_\_\_\_  
 (Sign above)

**This vision screening is provided free by the Lions Clubs of District 25F and your local Lions Club. Lions Clubs International is the largest service organization in the world. If you are interested in becoming a member speak with a Lions Club member today.**

<p style="text-align: center;"><b>Distance Vision Acuity Screening</b></p> <p>Right Eye 20/____ Left Eye 20 / ____</p> <p><input type="checkbox"/> Contacts worn   <input type="checkbox"/> Glasses worn</p> <p><input type="checkbox"/> Unable to screen</p> <p>Screener _____</p>	<p style="text-align: center;"><b>Stereopsis</b></p> <p>Pass _____ Fail _____</p> <p><input type="checkbox"/> Unable to screen</p> <p>Screener _____</p>	<p style="text-align: center;"><b>Exit Interview</b></p> <p><input type="checkbox"/> Refer</p> <p style="margin-left: 20px;"><input type="checkbox"/> Risk Factor</p> <p style="margin-left: 20px;"><input type="checkbox"/> Visual Acuity</p> <p style="margin-left: 20px;"><input type="checkbox"/> Visual Fields</p> <p style="margin-left: 20px;"><input type="checkbox"/> Stereopsis</p> <p><input type="checkbox"/> Pass</p> <p style="text-align: center;"><b>Please note this vision screening does not take the place of a professional eye exam.</b></p> <p>Screener _____</p>
<p style="text-align: center;"><b>Near Vision Acuity Screening</b></p> <p>Right Eye 20/____ Left Eye 20 / ____</p> <p><input type="checkbox"/> Contacts worn   <input type="checkbox"/> Glasses worn</p> <p><input type="checkbox"/> Unable to screen</p> <p>Screener _____</p>	<p style="text-align: center;"><b>Field of Vision</b></p> <p><input type="checkbox"/> None missed   <input type="checkbox"/> 1 or more missed</p> <p><input type="checkbox"/> Unable to screen</p> <p>Screener _____</p>	
<p><b>Screening Sponsored by:</b> _____</p>		<p>Registration Number _____</p> <p>Screening Site _____</p> <p>County _____</p>