



YOUR LIONS CLUB



HIPAA FORM
YOUR Lions Club

Screening Coordinator _____

Date of Screening _____

LOCATION OF SCREENING _____

Total Number Screened _____

Total Number Referred: _____

All Information on Camera Deleted: : _____

Zip Drive loaded and left with School or Facility: Yes ____ No ____

Signature of Coordinator: _____

Signature of School Nurse or School Principal _____

Verifying Information on Camera has been deleted: _____

REFERRALS

Track referrals only! We need for metrics and grant requests

Number of referrals: indicate number of referrals

REFERRAL CODES (Place tick mark next to type of referral):

1 = Myopia

2 = Hyperopia

3 = Astigmatism

4 = Anisometropia

5 = Anisocoria

6 = Gaze