**MD5M Lions KidSight**

**Screening Follow Up Report**

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| District |  |
| Club |   |
| Lion |  |

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| --- | --- | --- | --- | --- |
| Date | Screening Site | Type | # Kids Present | # Kids Screened |
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Type: PRS = Pre-School, HS = Head Start, HF = Health Fair, CE = Community Event
Please include the complete name and address of the screening site

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| Age | Sex | Indicator | Result |
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**Age** **& Sex** = from consent form

**Indicator** = condition(s) the system indicates as the cause of the referral

**Result** = did the child go to the doctor and what was the result of the visit
**Result,** **No Response** = 3 or more attempts made to contact the parent without success
Use additional forms if necessary