**MD5M Lions KidSight**

**Screening Follow Up**

**and Indicator Report**

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

|  |  |  |
| --- | --- | --- |
| Date | Screening Site Name and City | Type |
|  |  |  |

**Type:** PRS = Pre-School, SCH = School, HS = Head Start, CE = Community Event

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Age | Init-  ials | Indicator | | | | | | | Result |
| Aniso-  metropia | Astig-  matism | Hyper-  opia | My-  opia | Gaze  Asym | Aniso-  coria | Meas.  Incomp. |
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**Age** **& Child’s Initials (Init)** = from consent form

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

**Result (Doc)** = the child went to the doctor   
**Result,** **No Action (NA)** or **No Response (NR)** = After 3 or more attempts made to contact the parent  
Use additional forms if necessary