



District 49A Alaska Lions Vision Screening Results

Name of Child _____

Location of Screening _____

Date of Screening _____

Dear Parent or Guardian,

Thank you for allowing your child to take part in the Lions KidSight USA Screening Program.

The attached results form indicates that your child did not pass the screening criteria for his/her age group.

Although this is only a screening, not a full eye examination, it is recommended that you have your child's eyes examined by an eye care professional as soon as possible and that you take the attached forms with you to the exam.