



Lions Health Screening Unit School Nurse or Administrator Form

Please Complete All Sections. If we are visiting more than one school, please complete one form per school. Thank you.

Sponsoring Lions Club or Organization:	Screening Date(s):
	Screening Time(s):
Name:	Title:
Office Phone:	Email (if applicable):
Mobile Phone (if applicable):	
Name of School:	School District:
Mailing Address:	
School Principal:	
Is it alright to contact you or the school principle regarding LHSU fundraisers, yearly updates, etc? Please circle one: YES or NO	
What grades will we be screening? Please check all those that apply. Please note: Due to the increased number of requests for school screenings, we are limited to the Washington State mandated grade levels of K, 1, 2, 3, 5 & 7. We will screen other grade levels on a case by case basis. <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 7 Other: _____	
Additional Screening information or Notes for our Driver?	
Any questions or concerns you would like to be contacted about?	
Please mail, fax or email completed form to: Call us with questions or concerns: Toll Free (800) 847-5786 Local (206) 682-8500	Northwest Lions Foundation C/o Lions Program Coordinator 1200 6 th Ave., Suite 300 Seattle, WA 98101 FAX: (206) 838-4627 EMAIL: marshar@nlfoundation.org
*This form is due a <u>minimum of 60 Days</u> prior to the first day of your scheduled screening (exceptions: Clubs/Organizations that have scheduled a screening for a previously unscheduled day between April & August 2013. POIF is due as soon as possible for these clubs).	

