



VIRGINIA LIONS CLUBS DISTRICT 24-F SCREENING FORM

We are pleased to offer screening of the eyes and hearing of children. This service is free. It is provided by volunteers of the Lions Clubs of Rural Retreat and Wytheville, using equipment owned by the two clubs which was partially funded by the Wythe Bland Community Foundation. The screening for eyes uses a computerized camera and requires no dilation of the eyes nor constraint of the head. The hearing screening device is an audiometer which is a device that produces tones that range from very low pitch to high pitch. The tones most often used in audiometer screening range from 1000 to 4000 Hz. A 25dBHL is considered passing and no further tests are recommended.

Please understand that these screenings today are provided as an effort to detect possible problems in a specific area. These are by no means a professional health care provided diagnostic opportunity. While these screenings may help determine needs or a suggestion to secure additional licensed healthcare, the Lions Club, volunteers and this facility offer no guarantee(s) of results implied or written.

There is a screening scheduled for (place) _____

Between the hours of _____ and _____.

Written permission to test a child is required. Parents/Guardians who wish that their child be tested are requested to sign the following statement.

Name of child: _____ Birthdate _____ Gender _____

Name of parents or guardians: (Print) _____

Home address _____ City _____ State _____ Zip _____

Home phone _____ Business phone _____ FAX _____

Email _____

Permission to screen the eyes and ears of

(child's name) _____ is hereby certified.

I understand these stipulations and will not hold the Lions Club, volunteers nor this facility liable for any resulting liabilities.

Parent/Guardian signature _____ Date _____