



Screening Event Summary

Please fill out this form for the screening event you just completed and submit to the HSB OKS Administrator for your District. You also need to email the SpotResultsExtended.csv file for this event.

Screening Event Information

Date: _____ Spot ID: _____
Type of Event: School (id#): _____ Daycare (license#): _____ Public: ___ Other: ___
Event Name: _____ Address: _____
Site Coordinator: _____ Tel: _____ Email: _____

Lions Club Information

Club Name: _____ Club ID: _____ Zone: _____ District: _____
Lead Screener: _____ Tel: _____ Email: _____

Screening Summary

Potential # that could be screened: _____ Total # that were screened _____
Total # Screening Complete: _____ Total # Referred: _____ Total # Flagged: _____
Notes from Screening: _____

Transmitting Event Information

For all events, please email the SpotResultsExtended.csv file to the HSB OKS Administrator for your District. This Screening Event Summary form can be emailed or sent by hardcopy if needed. For Public and Other events, the Club should keep the Consent forms and a copy of all referrals for later follow-up.

HSB OKS Administrator for District 44N

Bonnie St. Jean
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Manchester, NH 03104

HSB OKS Administrator for District 44H

Becky Brown
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30 Gertrude Rd
Windham, NH 03087

Instructions for Filling out Screening Event Summary

Screening Event Information

Date: the date when the screening was done *Spot ID:* the id # is on the Spot

To find the school id# or daycare license# go to the www.oksnh.org website. On the home page the article on School and Daycare Listings for NH will have a report for each district. The ID column in the report will have either the id# for schools or the license# for daycares to insert. If the daycare does not have a license# you will need to ask the Site Coordinator for it. Just insert a check mark for a Public Event or Other,

Type of Event: School (id#): _____ Daycare (license#): _____ Public: ___ Other: ___

For Event Name use the name of the school or daycare and for Public or Other events the name of the event (e.g. Wellness Festival) or the location if the Lions hosted the event (e.g. Tuttle Library)

Event Name: _____ *Address:* _____

We should list who our primary contact was. For a school it is usually the school nurse, for a daycare the Director and for a Public event it will probably be whoever arranged the space for us.

Site Coordinator: _____ *Tel:* _____ *Email:* _____

Lions Club Information

Club Name: The name of the Lion's Club that led the screening

Club ID #: Get from your club secretary *Zone #:* On the School and Daycare Listings for NH

Fill in the contact information for who was responsible for the screening so they can be contacted if there are any questions on what was submitted.

Lead Screener: _____ *Tel:* _____ *Email:* _____

Screening Summary

For a school the potential # to be used is the # of children that could have been screened at your event. For example if you screened K and 1st grade you would use the total # of students in those classes. For daycare it is the number of children enrolled at that location. For Public and Other you can leave the potential # blank. The Total # screened is the # of screenings you did at this event.

Potential # that could be screened: _____ *Total # that were screened* _____

This is a breakdown of the total # that were screened where Screening Complete is where no serious vision problems were detected, Referred is Complete Eye Exam Recommended and Flagged is Screening Flagged

Total # Screening Complete: _____ *Total # Referred:* _____ *Total # Flagged:* _____

This can be used to provide feedback on leanings from the event, feedback for improvements to OKS, the names of the other clubs participating in the event, etc.

Notes from Screening: _____