

Lions Organ & Eye Bank



District 2E2

Date: _____ Registration Number: _____
Screening Location: _____

Dear Parent or Guardian:

Your child, _____, had his/her vision screened as a free service by the District 2E2 Lions Organ & Eye Bank on the date and at the location shown above. Your child was screened using professional quality auto-refractors or photo-refractors.

The result of this screening is checked below:

_____ The vision screening indicates a ***possible vision problem***. We recommend that you make an appointment soon with an eye care professional. If you are unable to take your child to an eye care professional due to financial constraints, please contact your local Lions Club for assistance. We will contact you to confirm that you were able to arrange an exam.

_____ The vision screening indicates ***no obvious symptoms of a vision problem***. However, screening is ***not*** a substitute for a professional eye examination. The Lions recommend a professional eye examination at birth, six months of age and during the pre-school years when the child is 3 to 5 years of age. If there is a family history of eye problems or your child exhibits symptoms, it is advisable to have your child's eyes examined.

Thank you for allowing Lions to serve you. It is our mission to prevent blindness and preserve sight.

In Service,

Lions Organ & Eye Bank
PO Box 830
Fort Worth, TX 76101
www.LOEB2E2.org

***This project is made possible through the cooperation of
Lions Clubs International Foundation***

*Half of all blindness can be prevented through early detection
and treatment, through eye safety education and through research.*