

Referral to: ANCHORAGE AREA LIONS JOINT SIGHT COMMITTEE

Date _____ Student Name _____

Grade _____ School _____

Address _____ City _____ Zip _____

Home Phone _____ Alaska Native (Check) Yes No

Parent Name _____ Work Phone _____

Parent Name _____ Work Phone _____

Referring School Nurse _____ School Phone _____

Snellen Results Both _____ Right _____ Left _____

History Related to Vision Problem _____

Special Family Circumstances (Number of family members, written statement as to how family is supported, source of income and amount, living expenses, single parent, etc.) _____

Specific Services Requested from Joint Sight Committee _____

Needs glasses (has current prescription)

Needs exam and glasses

Denali Kid Care Enrolled or Eligible? Yes _____ No _____

School Nurse

Date

Fax to: LIONS JOINT SIGHT COMMITTEE at 677-7821