



**We Serve**

**MD-29 Mobile Eye Screening Unit (MESU)**

**ACTIVITIES REPORT:** *Use this form for EACH EVENT supported:*

UNIT: #1 (SMALL) \_\_\_\_\_ #2 (LARGE) \_\_\_\_\_

SPONSORING LIONS CLUB(S): \_\_\_\_\_

*District: L -- I -- O -- N* ZONE: \_\_\_\_\_

LION POINT OF CONTACT:

NAME

PHONE

E-MAIL

\_\_\_\_\_

EVENT SUPPORTED: \_\_\_\_\_

DATE UNIT RECEIVED: \_\_\_\_\_ DATE UNIT RELEASED: \_\_\_\_\_

DRIVERS: (NAMES) \_\_\_\_\_

(Club Name) \_\_\_\_\_

(PHONE) \_\_\_\_\_ (E-MAIL) \_\_\_\_\_

MILES DRIVEN: \_\_\_\_\_

COST TO LIONS CLUB(S): \$ \_\_\_\_\_ COST TO OTHERS: \$ \_\_\_\_\_

WHO? \_\_\_\_\_

WHAT DID YOU PURCHASE? \_\_\_\_\_

TOTAL VOLUNTEER HOURS: (LIONS) \_\_\_\_\_ (NON-LIONS) \_\_\_\_\_

NUMBER PATRONS SCREENED: \_\_\_\_\_ NUMBER REFERRED: \_\_\_\_\_

GLASSES \_\_\_\_\_ GLAUCOMA \_\_\_\_\_ OTHER \_\_\_\_\_

**\*\*\* DID YOU LOCK-DOWN & SECURE FOR TRAVEL - THE SIGHT INSTRUMENTS?**

GLAUCOMA "PUFF" TONOMETER \_\_\_\_\_ VISUAL ACUITY INSTRUMENT \_\_\_\_\_  
(Initials) (Initials)

**DID YOU SECURE ALL VEHICLE & INSTRUMENT ELECTRICAL POWER CORDS?** \_\_\_\_\_  
(Initials)

**DID YOU COMPLETE - UNIT LOG BOOK? (Y) (N) (DATE)** \_\_\_\_\_

REMARKS: (USE BACK OF THIS FORM OR ADDITIONAL SHEETS AS NEEDED)

COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_