We Serve

MD-29 Mobile Eye Screening Unit (MESU)

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

SPONSORING LIONS CLUB(S): _____

District: L -- I -- O – N -- ZONE: **_____**

LIONS POINT OF CONTACT:

NAME	PHONE	E-MAIL
_____	_____	_____

EVENT SUPPORTED: _____

DATE UNIT RECEIVED: _____ DATE UNIT RELEASED: _____

DRIVERS: (NAMES) _____
(CLUB) _____
(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 INSTRUMNENT _____
(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: _____

RETURN TO:

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