LIONS DIABETES
BLOOD GLUCOSE/RETINA SCREENING REPORT

Date of Screening:	Team Leader Name: Email Address:
Lions Club Name:	
Certified Blood Screeners _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	Certified Retina Screeners: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Total Number BS Participating Lions:	Total Number of RS Participating Lions:
Total Hours Screened:	Total Number Individuals Screened: BS: RS:
Event Location:	
What worked well during Blood Screening: _____ _____ _____	What worked well during Retina Screening: _____ _____ _____
What did not work well during Blood Screening: _____ _____ _____	What did not work well during Retina Screening: _____ _____ _____
Any Problems with Blood Screening: _____ _____ _____	Any problems with Retina Screening: _____ _____ _____
Suggestions/Comments Blood Screening: _____ _____ _____	Suggestions/Comments Retina Screening: _____ _____ _____
Team Leader Signature:	Date:

Please use the other side for additional writing space.

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