# Sign-On Sheet - LEHP Screening Session (for Qualified Screeners, Facilitators or Observers)

LEHP-Australia Lions Eye Health Program

| Date of Screening: | Location: | Facilitator: |
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All participant details will be recorded in the LEHP Vision Screening Training Records. Please enter information legibly.

| Name | Lions Club | Screener, Facilitator or Observer | Time In | Time Out | Signature | 'Working With Children' | | |
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| | | | | | | Card/Check Type | Number (if applicable) | Expiry |
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