



Prevent Blindness Texas Adult Vision Screening Request Form

Please fill out form completely and return as directed below. If Prevent Blindness Texas is able to attend the screening, we will fax or email a CONFIRMATION notice.

If you would like Prevent Blindness to conduct a screening at your event, please be prepared to provide the following: 2 tables, 6-8 chairs, an electrical outlet for 2 equipment items, a small trash bin, and a quiet indoor location (away from bright daylight).

Organization Requesting Screening: _____

Contact: _____ Phone: _____ Cell: _____ Fax: _____

Email: _____ Address: _____



Event: _____ Sponsoring Company: _____

Address: _____

Event Date: _____ Start Time: _____ End Time: _____

Time allowed to begin set-up: _____

Parking/Unloading of Equipment Instructions: _____

Indoor Event? _____ Outdoor Event? _____ Refreshments Provided _____

Describe Event: Vision Screening Health Fair Other



Population (The **expected** population to be in attendance at your event will primarily be):

African American Asian Caucasian Hispanic Native American Seniors
 Other _____

Note: Our organization strives to provide services to populations within the community who are most in need or at greatest risks for certain eye diseases.

Number of estimated people expected to attend event: _____

Age Range (years) : <18 18-39 40-64 >65

Does the population being served speak English? _____ If no, what language? _____

Will there be a translator available? _____ Do we need Spanish educational materials? _____

What medical/vision coverage does the population have? _____



**Please contact your nearest PBT Program Director at <http://www.preventblindness.org/TX> and return this form (with map or directions to the event, if possible).
If available, your nearest PBT office will contact you regarding further details.**