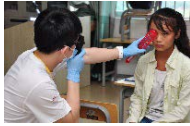


VISION SCREENING REQUEST FORM



If you are interested in our community vision screening services, please complete and return this form to Mr. Savio Lee at visionhk@polyu.edu.hk.

Name of Organization (English/ Chinese): _____

Service Site Address _____

District: _____ HK Island Kowloon New Territories HK Outlying Islands

Service Nature of Organization: _____

Website of Organization: _____

- Service Interested** : Vision Screening Service Eye Health Talk
 Others: _____
- Service Target** : Elderlies Adults Teenagers Children Pre-school
- Special Needs** : Physical Disabilities
 Intellectual Disabilities: Mild Moderate Severe

Expected Number of Participants & Age Range : _____

Information on space availability for vision screening service set-up:

Hall No. of Room(s): _____ (Area per room: _____ sq.ft.) Others: _____

* (Please attach relevant photos of hall/room with this form for our reference)

NOTE: We need at least 1,000 sq feet space for vision screening set-up. If you do not have enough space, will the participants be able to go to any nearby Community Centers? Yes No

Our vision screenings are usually conducted on weekends. If there are special considerations needed to have it arranged during weekdays, ***please explain:*** _____

NOTE: In order to best provide student-learning objectives with service-delivery quality, it is expected that we will host a full-day vision screening from 0800/0900 to 1700/1800. Please check mark here YES to confirm.

Contact Person : _____ **Title** : _____
Office Tel : _____ **Mobile (optional)** : _____
Email Address : _____ **Enquiry Date** : _____

NOTE: In order to allow our students to better understand and appreciate the needs of your organization and service recipients, please provide a guided tour and presentation of your organization and backgrounds of the service recipients. We shall have students communicate directly with the Contact Person information you provide above to arrange a student group tour to your premises for this special visit at least one month before the scheduled vision screening date.

For School of Optometry use only:

