



# JSEI Affiliates

## *Preschool Vision Screening Request Form*

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I am interested in having the Jules Stein Eye Institute (JSEI) Affiliates conduct a Preschool Vision Screening (PSVS) test for my preschool students. I understand that all children participating must be 3.5 years of age or older and submit a completed parent consent form prior to the screening date.

Name of Preschool Director:

**School Name:**

Street Address:

City:

Zip Code:

Possible Date(s) of Screening:

Preferred Time:

Preferred Screening Days (M-W):

Screening Room Available:

Volunteer Parking Available?

Approximate Number of Children to Screen:

Primary Contact Email address:

Work Phone:

Fax Number:

The best way to reach me is:

The best time to reach me is:

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**Volunteer Information:**

OPTOMETRIST Assigned: \_\_\_\_\_

LEAD Volunteer Assigned: \_\_\_\_\_

OTHER Volunteer(s) Assigned: \_\_\_\_\_

Please *fax* form back to Shirley Egbert, Community Outreach at 310.794.1665.  
If you have any questions, *call* 310.206.7128.