B/P _____/_____

Lions Diabetes Awareness Foundation of MD 35

Blood Sugar Screening Consent Form

Screening Location (County): **Name (Printed)**

Club: **Date: / /**

THIS IS ONLY A SCREENING – IT IS NOT A DIAGNOSIS

I give consent to a blood sugar screening by the Lions Club

Signature: Witness (if child)

HEALTH RISK ASSESSMENT (Please circle answers)

(1) Race: White Black or African American Asian or Pacific Islander American Indian or Alaskan native Multiracial Indian Hispanic Origin Caribbean Other:_____

(2) Sex: F M Other

(3) Age: 0-10 11-18 19-42 43-62 63+

(4) Do YOU have: High Blood Pressure (even if you take medication)? **Yes No**
Kidney Disease? **Yes No**

(5) Do you have FAMILY HISTORY of: Diabetes? **Yes No** High Blood Pressure? **Yes No**
Eye Disease? **Yes No**

(6) Have you ever been diagnosed with: Glaucoma, Macular Degeneration , Cataracts, Diabetic Retinopathy , Retina Conditions, Eye Injury

(7) Have you had eye surgery? Yes No If yes, what type?_____

(8)Are you Diabetic? No Type 1, Type 2 , Pre-Diabetic , **How long? ___ Years**

(If you answered "No" to question 9, this concludes the Health Risk Assessment Section.)

(9)Current diabetes therapy: Insulin Oral Medication Diet Control None

(10)What was your last A1C%_____

Screening Results – Administrative Use Only

Last time Client ate food or drank a beverage with sugar? About 3+ hrs. (fasting) 2 hr. 1 hr.

Results	Normal Value	Referred? (Select only one)
_____	3 hours or longer (70-100 mg/dl)	Yes No
_____	2 hours (60-110 mg/dl)	Yes No
_____	1 hour (90-150 mg/dl)	Yes No

Blood Sugar Screener (Print Name) _____

Comments: _____

_____

Referral refused by (client's signature) _____

Camera # _____

08/16/2026