



# Lions District 27-B2

## VISION SCREENING REPORT FORM

\_\_\_\_\_  
Name of Lions Club

\_\_\_\_\_  
Screening Date

\_\_\_\_\_  
Location of Screening

\_\_\_\_\_  
Total Screened

Number in range \_\_\_\_\_

Number out of range \_\_\_\_\_

For children out of range, list below what areas each child was out of range in:

Total with Myopia \_\_\_\_\_

Total with Hyperopia \_\_\_\_\_

Total with Astigmatism \_\_\_\_\_

Total with Gaze Dev. \_\_\_\_\_

Total with Anisocoria \_\_\_\_\_

Total Anisometropia \_\_\_\_\_

Total Gaze Asymmetry \_\_\_\_\_

Age range of children screened \_\_\_\_\_

1. Number of Lions/Lioness who conducted the screening \_\_\_\_\_

2. Length of screening session (Whole Hours only) \_\_\_\_\_

3. Total Number of Hours for Screening (Line 1 X Line 2) \_\_\_\_\_

4. Misc. Hours (include time for data entry, travel, printing reports, etc.) \_\_\_\_\_

Total Number of Lion/Lioness Hours (Line 3 + Line 4) \_\_\_\_\_

\_\_\_\_\_  
Name of Lion/Lioness submitting report

\_\_\_\_\_  
Date

Distribution: One copy goes to the club Secretary and One copy to the Zone Coordinator when returning the Camera.

Please see the website below for the most current version of this document