



Vision Screening Report Form

Name of Lions Club: _____ District 27-B2 __

Screening Location: _____

Location Contact: _____ Contact Phone Number: _____

Screening Address: _____ County: _____

Screening Date: _____

Screening Tool Used: **Spot** and/or **Chart** (circle tool used)

AGE/Grade	Total Screened	Total Referred
age 0-1		
Pre School age 2 – 3		
K – 4 age 4 – 5		
K – 5 age 5-6		
1 st grade age 6 +		
2 nd grade		
3 rd grade		
4 th grade		
5 th grade		
6 th grade		
7 th grade		
8 th grade		
Other (specify)		
TOTALS		

Number of Lions who conducted training	
Misc. Hours (travel, data entry etc.)	
Total Number of hours for screening	
Combined total Lions hours	
Date Submitted to WLF	

**Please submit this form after screening to:
27-B2 District Vision Screening Chair
Cheryl Heiman
charlieh1112@gmail.com
N7866 W River Rd, Manawa, WI 54949
Cell/text: 920-538-2737 (scanned copy)**