



Vision Screening Report Form

Name of Lions Club(s):	District: 27-B2
Screening Location:	
Screening Address:	County:
Date:	

Screening Tool(s) Used (***circle***): Chart Plus-Optix SPOT

Age	Total Screened	Total Referred
6 months to 2 years (Daycare)		
3 years and 4 years (Daycare/4K)		
5 years and 6 years (5K/1 st)		
7 years Plus (2 nd and up)		
Grand Total		

Optional Information

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 each event to your District Vision Screening Chair.

Cheryl Heiman, charlielh1112@gmail.com

If e-mail is not available, send to:

N7866 W River Rd, Manawa, WI 54949

Text 920-538-2737 Scanned copy