



## 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 <sup>st</sup> )		
7 years Plus (2 <sup>nd</sup> and up)		
<b>Grand Total</b>		

### Optional Information

Number of Lions who conducted training	
Misc. Hours (travel, data entry etc.)	
Total Number of hours for screening	
<b>Combined total Lions hours</b>	
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