



### 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		
3 years and 4 years		
5 years and 6 years		
7 years Plus		
<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**