



Vision Screening Report - Lions 25A

Date of screening: _____

Screening site name: _____ City: _____

Site contact name: _____ Phone: _____

Number of children screened: _____ Number referred: _____

Camera used: _____ Plus Optix _____ Blinq

Names of Screeners and Club they are from:

<u>Name</u>	<u>Club</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Send results to:

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