LIONS OF MICHIGAN DISTRICT 11-B1
SPOT SCREENING LOG FORM

Screening Site:_____ Screening Date:_____

Sponsoring Lions Club_____ City/Zip Code:_____

County:_____ Total Volunteer Hours:_____

Count	Name	6-12 mos	12-36 mo	3-6 yr	6-20 yr	20-100	Pass	Refer	Reason
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
	TOTALS								

LIONS OF MICHIGAN DISTRICT 11-B1
SPOT SCREENING LOG FORM PAGE #2

Screening Site: _____ Screening Date:_____

Sponsoring Lions Club_____ City:_____

County: _____ Total Volunteer Hours: _____

Count	Name	6-12 mos	12-36 mo	3-6 yr	6-20 yr	20-100	Pass	Refer	Reason
33									
34									
35									
36									
37									
38									
39									
40									
41									
42									
43									
44									
45									
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53									
54									
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57									
58									
59									
60									
61									
62									
63									
64									
	TOTALS								