



**LIONS MULTIPLE DISTRICT 29
WEST VIRGINIA
VISION SCREENING
REPORT**

CLUB: _____

DATE OF SCREENING: _____

LOCATION OF SCREENING: _____

EVENT: _____

EQUIPMENT USED: CIRCLE ONE OR MORE OF THE FOLLOWING

KidSight Equipment: A. Pediavision "SPOT"

B. PlusOptix

Adult Equipment: C. Tonometer "Puff Machine"

D. Titimus Visual Acuity

RESULTS

Age Group	Numbered Screened	Numbered Referred	Volunteer Hours
6 Mo. To 6 yrs.			
7 yrs. to 18 yrs.			
19 yrs. Plus			

Print Name _____ **Signature** _____

Email or Telephone _____

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