



**CONNECTICUT LIONS EYE RESEARCH FOUNDATION
LIONS EYE HEALTH PROGRAM**

PEDIATRIC EYE SCREENING PROGRAM

ACCOUNTING SHEET

Name of facility _____

Address of facility _____

Date of screening _____

Club conducting screening _____

Number of children screened _____

Number "passed" _____

Number referred _____

Number "aborted" _____

Lion Screener contact name _____

Phone # _____