Vision Screening Report Form

Name of Lions Club:_____District: 27D2

Screening Location:_____

_____

Screening Date: _____

Screening Tool(s) Used *(**circle**)*: Chart Plus-Optix SPOT

Age	Total Screened	Total Referred
6 mos-2		
3-4		
5-6		
7+		
Total		

Please submit this form after each event to kmueller@wlf.info and to your District Vision Screening Chair at jmtomwi73@gmail.com.
If e-mail is not available, send to:
Wisconsin Lions Foundation, 3834 County Road A, Rosholt WI 54473

Number of Lions who conducted screening: _____ Misc hours(mtg, trvl, data entry ect): _____

Total number of hours for screening: _____ **Combined total Lion hours: _____**

Date submitted to WLF:_____