

**Vision Screening Report Form**

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| --- | --- | --- |
| Name of Lions Club(s): | District: 27- | |
| Screening Location: | | |
| Screening Address: | | County: |
| Date: | | |

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

|  |  |  |
| --- | --- | --- |
| Age | Total Screened | Total Referred |
| 6 months to 2 years |  |  |
| 3 years and 4 years |  |  |
| 5 years and 6 years |  |  |
| 7 years Plus |  |  |
| **Grand Total** |  |  |

**Optional Information**

|  |  |
| --- | --- |
| Number of Lions who conducted training |  |
| Misc. Hours (travel, data entry etc.) |  |
| Total Number of hours for screening |  |
| **Combined total Lions hours** |  |
| Date Submitted to WLF |  |
|  |  |

**Please submit this form after each event to kmueller@wlf.info and to your District Vision Screening Chair.**

**If e-mail is not available, send to:**

**Wisconsin Lions Foundation**

**3834 County Road A**

**Rosholt WI 54473**