



Vision Screening Report Form

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@wlfinc.org 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