Wisconsin Lions Foundation
Vision Screening Report Form

Lions Club Name:		District: 27 -
Screening Location:		
Screening Street Address:		
City:	Zip:	County:
Screening Date:		

Screening Tool(s) Used:

Check all that apply

☐ PlusOptix Device ☐ SPOT Device ☐ Eye Chart

Screening Results:

	# Screened:	# Referred:
6 months to 2 years		
3 & 4 years old (Pre-K)		
5 & 6 years old (K & 1st grade)		
7 years & older (2nd grade to adult)		
Grand Total:		

Please submit this form after each screening event to vision@wlfinc.org and to your District Vision Screening Chair.

If unable to email, please mail the information to:
Wisconsin Lions Foundation
3834 County Road A • Rosholt, WI 54473

WISCONSIN Lions Foundation

Lions KidSight