



## Vision Screening Report Form

Lions Club Name: \_\_\_\_\_

District: 27-A2

Screening Location: School Name: \_\_\_\_\_

School Address/Town: \_\_\_\_\_

School Zip: \_\_\_\_\_ School County: \_\_\_\_\_

Screening Date: \_\_\_\_\_

Screening Tool(s) Used (*circle*): Chart

Plus-Optix

SPOT

Age	Total Screened	Total Referred
6 month - 2 years		
3 - 4 years (pre-K)		
5 - 6 years (K, 1 <sup>st</sup> )		
7+ years (2 <sup>nd</sup> -8 <sup>th</sup> )		
<b>Total</b>		

Submit this form to:

District 27-A2 Vision Screening Chair: [27a2vision@gmail.com](mailto:27a2vision@gmail.com)

Number of Lions conducting screening: \_\_\_\_\_

Number of Non-Lions assisting with screening (excluding school staff): \_\_\_\_\_

**Lions Hours (critical to report to your Club Secretary as well):**

Misc hours (mtg, travel, data entry, etc.): \_\_\_\_\_

Number of hours (total) spent to screen: \_\_\_\_\_

**Total Combined Lion hours:** \_\_\_\_\_

Date submitted to District Vision Screening Chair: \_\_\_\_\_