



# Lions of Michigan FOUNDATION



## Vision Screening Summary Form

EQUIPMENT INFORMATION	
Screening Device:	Device Serial Number:

EVENT INFORMATION	
Date of Event:	3-Digit Event Code:
Number of Volunteers:	Total Volunteer Hours:

Screening Site:	
City:	County:
Site Contact's Name:	
Telephone:	Email:

Vision Technician's Name:	
Telephone:	Email:

SCREENING RESULTS				
# Screened	# Passed	# Referred	# Unreadable	Monocular Tests

# Myopia	# Hyperopia	# Anisocoria	# Gaze	# Astigmatism	# Anisometropia

SPONSORING LIONS CLUB	
Lions Club:	District:
Lions Club Representative:	
Telephone:	Email: