



Lions of Michigan FOUNDATION



Vision Screening Summary Form

SCREENING DATE: _____

DISTRICT PROJECT NUMBER:

Lions Fiscal Year: _____

3-Digit Project Code: _____ (Assigned By District KIDSight Coordinator)

VISION SCREENING DEVICE / DEVICE SERIAL NUMBER:

_____ / _____

SCREENING LOCATION:

Site Name: _____

Site Contact: _____

Telephone/Email: _____ / _____

County: _____

City/Zip Code: _____ / _____

SCREENING INFORMATION & RESULTS:

Total Event Volunteers: _____

Total Volunteer Hours: _____

KIDSight Vision Technician: _____

Telephone/Email: _____ / _____

Children Screened: _____

Children Passed: _____

Children Unreadable: _____

Children Referred: _____

Monocular Tests: _____

SPONSORING LIONS CLUB OR DISTRICT INFORMATION:

Sponsor – Lions Club & District: _____ / _____

Sponsor's Representative(s): _____

Telephone/Email: _____ / _____