



Vision Screening Report - Lions 25A

Date of Screening: _____

Screening Site Name: _____

Site Contact Name: _____ Phone: _____

Site Contact email: _____

Number of Children Screened: _____ Number of Children Referred: _____
(6months-6 years)

Number of Adults Screened: _____ Number of Adults referred: _____

Name of Screeners and Club They are From:

Name: _____ Club Name: _____

Name: _____ Club Name: _____

Name: _____ Club Name: _____

Name: _____ Club Name: _____

Name: _____ Club Name: _____

Name: _____ Club Name: _____

Sponsoring Lions Club: _____

Send Results to:

Lion Tim Earl (LaCrosse Lions)
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LaCrosse, IN 46348
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