



Lions of Michigan FOUNDATION



Vision Screening Summary Form

EQUIPMENT INFORMATION

Screening Device:	Device Serial Number:
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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:	
Lions Club Representative:	
Telephone:	Email: