



# Georgia Lions Lighthouse Foundation



**Please tally all children screened below.**

Total # Passed	Total # Failed	Total # Screened

Vision Screening Analysis Form adapted with permission from Prevent Blindness Georgia.

For questions or additional information please email us at [KidSightUSA@lionslighthouse.org](mailto:KidSightUSA@lionslighthouse.org) or contact your District Director for more information.



Georgia Lions  
Lighthouse Foundation



## MD-18 Report

District: \_\_\_\_\_ Club: \_\_\_\_\_ Date: \_\_\_\_\_

Site: \_\_\_\_\_ Site Contact: \_\_\_\_\_

Site Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Screening Follow Up:

New Screening Site: Y N

How many total were screened? \_\_\_\_\_

Between 6 months to 6 years old: \_\_\_\_\_ Between 7 to 18 years old: \_\_\_\_\_

Between 19 and 30 years old: \_\_\_\_\_ Between 31 and 50 years old: \_\_\_\_\_

Between 51 and 70 years old: \_\_\_\_\_ Above 71 years old: \_\_\_\_\_

How many referrals for eye examinations do you have? \_\_\_\_\_

Who will be following up on your referrals? \_\_\_\_\_

Circle One:

Will it be a: *Local referral* *Lighthouse referral* *Patient Responsibility* *Combination of Efforts*

Is your club prepared to provide glasses, if prescribed? Y N

Do you need assistance from the Lighthouse? If yes, how? \_\_\_\_\_

### Lions Recruitment:

How many screened were interested in more information about Lions? \_\_\_\_\_

Who will be following up with those individuals? \_\_\_\_\_

Copy provided to the Lighthouse: \_\_\_\_\_

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

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information.