



**POST PROJECT FORM** (\*Required for the form, text in black is optional but appreciated)

Chapter: \_\_\_\_\_

Clinic Location \_\_\_\_\_

Clinic Dates \_\_\_\_\_

No. of Optometrists \_\_\_\_\_ No. of lay volunteers \_\_\_\_\_ No of Students \_\_\_\_\_

Host/ Local Partner: \_\_\_\_\_

Approximate No. of eyeglasses in inventory \_\_\_\_\_

Recycled Glasses comprise  <50%  50%  >50%

Ready Made comprise  <50%  50%  >50%

		Day 1	Day 2	Day 3	Day 4	Day 5
*Total No. of Patients seen						
*Total No. of Glasses dispensed						
	Distance Glasses					
	Reading Glasses					
*Total No. of Pre School children Ages 0-4 yrs. old						
	Girls					
	Boys					
*Total No. of Grade School Children Age 5-12 years old						
	Girls					
	Boys					
*Total No. of High School Children Age 13-18						
	Girls					
	Boys					
*Total No. of People ages 19-39						
	Women					
	Men					
*Total No. of People Ages 40-64						
	Women					
	Men					
*Total No. of People Ages 65 and over						
	Women					
	Men					
*Total No. of Referrals						
	Cataract					
	other					

