



POST PROJECT FORM

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% (*Required for the form, text in black is optional but appreciated)

		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					

