

LEI - EYE EXAMINATION

Date
 IDNumber.....
 Name
 Date of Birth

To be completed by person administering the test
 Please write clearly and neatly
 Please **staple** printed output to the back of this sheet
 Please **print** the operator's **name and surname** in the operator box.

Consent Blood S Y / N BP Hand photo Anthropometric
 Questionnaire Med Quest FFQ Dexa Fibroscan

Do you normally wear glasses Yes No or Contact lenses? Yes No
 Glasses WITH YOU today Yes No NA or contact lenses Yes No NA

STATION 1 (pre-dilation)

Name

Operator-glasses

Glasses Rx **R**...../* **L**...../*

Autorefraction **R**...../* **L**...../*

IPD

Name

Operator- Autorefraction

K's **RH** Angle..... **LH**..... Angle.....

K's **RV** Angle..... **LV**..... Angle.....

Trial Frames required No Yes NA (> ± 1 Diopter error requires trial frames)

Colour **R**..... **L**.....

(Attach score sheet if abnormal)

Name

Name

STATION 2

VA with /
 without Glasses **R**.....

L.....

VA Pinhole

R

L.....

Contrast

with/without **R**.....

LogMAR

L.....

LogMAR

Vernier

with /without **R1**.....**R2**.....**R3**.....

seconds

L1.....**L2**.....**L3**.....

STATION 3

Operator

Abnormal Head Posture:

No / Yes (specify) → Face turn R / L Head Tilt R / L Chin Up / Down

Cover Test with AHP:

Vision Correction	<input type="checkbox"/> With Glasses	<input type="checkbox"/> Without Glasses
Distance	NEAR (33cm)	DISTANCE (6M)
Fixation target	<input type="checkbox"/> Light <input type="checkbox"/> Detail	<input type="checkbox"/> Light <input type="checkbox"/> Detail
Size of tropia:	Tiny / Small / Moderate / Large / Very large	Tiny / Small / Moderate / Large / Very large
Laterality:	Right / Left / Alternating / R/L or L/R	Right / Left / Alternating / R/L or L/R
Direction:	Orthotropia / ET / XT / Hypertropia Microtropia → with / without identity	Orthotropia / ET / XT / Hypertropia Microtropia → with / without identity
Fixation:	MF / NMF	MF / NMF
Supp/Dip:	Suppression / Diplopia	Suppression / Diplopia
Supp Location:	Right / Left / Alternating	Right / Left / Alternating
Size by PBCT	.....pd BI / BO .....pd BU / BD FR / FL	.....pd BI / BO .....pd BU / BD FR / FL

Comments:

Cover Test Distance – without AHP:

Vision Correction	<input type="checkbox"/> With Glasses	<input type="checkbox"/> Without Glasses
Fixation target	<input type="checkbox"/> Light <input type="checkbox"/> Detail	<input type="checkbox"/> Light <input type="checkbox"/> Detail
Size of tropia:	Tiny / Small / Moderate / Large / Very large	Tiny / Small / Moderate / Large / Very large
Laterality:	Right / Left / Alternating / R/L or L/R	Right / Left / Alternating / R/L or L/R
Direction:	Orthotropia / ET / XT / Hypertropia Microtropia	Orthotropia / ET / XT / Hypertropia Microtropia
Fixation:	MF / NMF	MF / NMF
Supp/Dip:	Suppression / Diplopia	Suppression / Diplopia
Supp Location:	Right / Left / Alternating	Right / Left / Alternating
Size by PBCT	.....pd BI / BO .....pd BU / BD FR / FL	.....pd BI / BO .....pd BU / BD FR / FL

Comments:

Alternate Cover Test – Distance:

Vision Correction	<input type="checkbox"/> With Glasses	<input type="checkbox"/> Without Glasses
Fixation target	<input type="checkbox"/> Light <input type="checkbox"/> Detail	<input type="checkbox"/> Light <input type="checkbox"/> Detail
Size of phoria:	Tiny / Small / Moderate / Large	Tiny / Small / Moderate / Large
Direction:	Orthophoria / EP / XP / Hyperphoria	Orthophoria / EP / XP / Hyperphoria
Laterality:	R/L or L/R	R/L or L/R
Recovery:	Rapid / good / poor / sluggish	Rapid / good / poor / sluggish
Diplopia:	Nil Diplopia / Diplopia	Nil Diplopia / Diplopia
Size by PBCT	.....pd BI / BO .....pd BU / BD FR / FL	.....pd BI / BO .....pd BU / BD FR / FL

Cover Test Near – without AHP:

Vision Correction	<input type="checkbox"/> With Glasses	<input type="checkbox"/> Without Glasses
Fixation target	<input type="checkbox"/> Light <input type="checkbox"/> Detail	<input type="checkbox"/> Light <input type="checkbox"/> Detail
Size of tropia:	Tiny / Small / Moderate / Large / Very large	Tiny / Small / Moderate / Large / Very large
Laterality:	Right / Left / Alternating / R/L or L/R	Right / Left / Alternating / R/L or L/R
Direction:	Orthotropia / ET / XT / Hypertropia Microtropia	Orthotropia / ET / XT / Hypertropia Microtropia
Fixation:	MF / NMF	MF / NMF
Supp/Dip:	Suppression / Diplopia	Suppression / Diplopia
Supp Location:	Right / Left / Alternating	Right / Left / Alternating
Size by PBCT	.....pd BI / BO .....pd BU / BD FR / FL	.....pd BI / BO .....pd BU / BD FR / FL

Comments:

Alternate Cover Test – Near:

Vision Correction	<input type="checkbox"/> With Glasses	<input type="checkbox"/> Without Glasses
Fixation target	<input type="checkbox"/> Light <input type="checkbox"/> Detail	<input type="checkbox"/> Light <input type="checkbox"/> Detail
Size of phoria:	Tiny Small Moderate Large	Tiny Small Moderate Large
Direction:	Orthophoria EP XP Hyperphoria	Orthophoria EP XP Hyperphoria
Laterality:	R/L or L/R	R/L or L/R
Recovery	Rapid good poor sluggish	Rapid good poor sluggish
Diplopia:	Nil Diplopia Diplopia	Nil Diplopia Diplopia
Size by PBCT	.....pd BI / BO .....pd BU / BD FR / FL	.....pd BI / BO .....pd BU / BD FR / FL

ACT Outcome:

Extraocular Movements:

RSR	RIGHT EYE	RIO	LIO	LEFT EYE	LSR
RLR		RMR	LMR		LLR
RIR		RSO	LSO		LIR

Alphabet Pattern:

Type	<input type="checkbox"/> V	<input type="checkbox"/> A	<input type="checkbox"/> Other
Size At Distance By PBCT			
Elevation.....pd	BI / BO	FR / FL	Deviation: ET / EP / XT / XP
Primary .....pd	BI / BO	FR / FL	Deviation: ET / EP / XT / XP
Depression.....pd	BI / BO	FR / FL	Deviation: ET / EP / XT / XP

Bielschowsky Head Tilt Test (BHTT):

Positive R L Bilateral Negative

EOM Comments

4 Diopter Prism Test:

Positive Right Left Negative (normal) Equivacol

Nystagmus:

No Yes If yes, Direction

Category

Stereoacuity: With glasses or (Trial frames) Without Glasses

Lang II: Star Control
 Elephant 600 seconds of arc
 Car 400 seconds of arc
 Moon 200 seconds of arc

Titmus: 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 (correctly observed circles).....secs of arc

Ocular Dominance:

Right Left

Clinical Comments:.....

STATION 4

Name

Operator-

Conjunctival Autofluorescence Photography Right / Left

Eye colour Photography Yes / No

Eye lid Position Photography Yes / No

STATION 5

ICare IOP R..... L.....

Drops Tropicamide 1% Right / Left Time.....

Phenylephrine 10% Right / Left

Administered by

Sunglasses

Eyelash measurement mm

.....

Additional Drops required

Drops Tropicamide 1% Right / Left Time..... By

STATION 6

Corneal topography Zywave Right / Left

Operator Zywave

STATION 7

Name

Operator- IOL Master

IOLMaster Right / Left

Axial Length R.....L..... ACDepth RL.....

STATION 8

Name

Operator Pentacam

Pentacam Right / Left

CCT R.....L.....

LT R.....L.....

Endothelial Photo Right / Left

STATION 9 *Camera room*

Name

Operator Camera Room

Peripheral Retina Canon Disc Fovea Red Free Right / Left

Stereo Disc Nidek Right / Left

Printout

STATION 10

Name

Operator OCT

OCT Disc Fovea Right / Left

STATION 11 (*near station1- dilated*)

Name

Operator Autorefraction

Autorefraction (post dilation)

Autorefraction R...../*..... L...../*.....

IPD

Name

Operator- Autorefraction

STATION 12 *Mezannine*

Name

Operator HRT

HRT Right / Left

Notes