

# VISUAL ASSESSMENT

The following information is required to determine if your patient meets our visual requirements. Please note the information must be in the Snellen format (i.e. 20/20, 20/40, etc.)

The vision standards are:

**Uncorrected Vision:** 20/40 with both eyes open, with any one eye no worse than 20/100

**Corrected Vision:** 20/20 with both eyes open, with any one eye no worse than 20/40

**Colour Vision:** Colour vision should be normal (i.e. pass the Farnsworth D-15 test)

**Peripheral Vision:** 150 continuous degrees along the horizontal meridian binocularly, and 30 degrees above and below the fixation point

**Binocular Vision:** Stereoacuity of 100 seconds of arc or better (i.e. pass the TITUMS or RANDOT – Circles test)

**\*Please note \*orthokeratology (ortho-k) is not an accepted procedure.**

Has your patient had laser surgery?    YES / NO

If yes, date of surgery: \_\_\_\_\_

DATE: _____		DOCTOR'S NAME: _____	
		SIGNATURE: _____	
PATIENT'S NAME: _____			
UNCORRECTED:			
LEFT EYE: _____	RIGHT EYE: _____	BOTH EYES OPEN: _____	
CORRECTED:			
LEFT EYE: _____	RIGHT EYE: _____	BOTH EYES OPEN: _____	
COLOUR VISION: _____			
PERIPHERAL VISION: _____			
BINOCULAR VISION: _____			

