

CVJ study - prefitting exam

Volunteers: Please provide the information for this box.

Today's date _____	
Name _____	
Local address _____	
*Email address _____	telephone _____
*Student ID/SSN number _____	Age _____
(* NSU requires the student ID or Social Security number and address to pay you.)	

Below this line for clinic use

Basic history/inclusion criteria

Has the subject every had ...
 eye surgery that might affect optics of the eye?
 any eye diseases or conditions that permanently affected VA?
 worn RGP lenses with past month?
 had LASIK or other refractive surgery?

Record Y/N

Which of the following do you usually wear?

	glasses
	contact lenses (type?)
	nothing

Current spectacles

	Vcc
OD	20/
OS	20/

Autorefraction

R _____
 L _____

AutoK

R _____
 L _____

Vsc

R	20/
L	20/

Subjective refraction (infinity, to nearest 1/8 diopter)

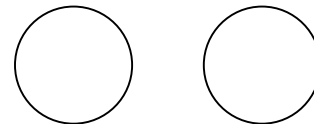
R _____ 20/
 L _____ 20/

Room # _____
 Doctor _____

Spectacle Rx given:

R _____
 L _____

Slit lamp exam



Baseline aberrometry

OD saved?	
OD in database?	
OS saved?	
OS in database?	

Any contraindication for SCL wear?

No Yes

Comment

