**Trainee Name: Trainee Number:**

# Scheme for Registration Stage Two assessmentRoutine eye examination

Patient initials:

Date of last examination:

Age: Occupation:

|  |
| --- |
| Symptoms and history |
| Ocular examination |
| Retinoscopy  |

|  |
| --- |
| Subjective and associated findings |
| Additional tests |
| Action and advice to patient |
| Final prescription given |

**Trainee Name: Trainee Number:**

**Scheme for Registration
Stage Two assessment – Contact lens after care record**

Patient initials:

Date of last examination:

|  |
| --- |
| Symptoms and history |
| Evaluation of lens fit  |

Age: Occupation:

|  |
| --- |
| Slit lamp examination |
| Action and advice to patient |

**Trainee Name: Trainee Number:**

|  |
| --- |
| **The College of Optometrists****Stage Two assessment****Contact Lens Fitting Record** |
| **To be completed by Assessor** | **Keratometry** | **Additional Comments** |
| **Right** **OR****Left** |  @ |  |
|  @ |
| **Refraction** |
| **Right** **OR Left**  |  / x **6/**   |

Patient’s Initials: JS

|  |
| --- |
| Pre-Fitting Measurements |
| Soft Fitting |
| Specification for soft lenses |
| Additional Comments |