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| Witness testimony for Element 5.1.3“Choose, fits and orders rigid lenses” FITTING ONLY |

Name of trainee: Date:

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| Initial box to indicate that you observed the following:* The trainee assess the initial suitability of the patient for CL wear (including, but not limited to; Px motivation and desired wearing pattern, contact lens, ocular and general health history, occupation and pastimes, ocular health check including corneal stain check, measurement of HVID, VPA and keratometry or topography. The patient maybe a simulated patient, in which case some of these criteria may not be valid).
* The trainee choose an appropriate rigid lens for the patient taking into account patient features and ocular measurements (appropriate means selecting a lens type suitable for the Px needs, and the specifications of the lens according to the manufacturer’s fitting guide based on the measurements taken)
* The trainee assess the fit of the rigid lens accurately including:
* Assesses the fit using a variety of techniques including, but not limited to)
	+ Centration with and without upper lid interaction
	+ Movement on blink
	+ Movement on eye motion
	+ Limbal crossing
	+ NaFl pattern assessment to cover the central. Mid peripheral and edge of the lens in the horizontal and vertical meridians (with the lens being manually centred if necessary to assess this)
	+ Patient response
* Describes and records accurately the fit of the lens, including recording the NaFl pattern either as a drawing or as a numerical chart covering the central, mid peripheral and edge portions of the lens.
* Suggests any appropriate adjustment of lens for best fit
* The trainee write an appropriate order for a rigid lens, the order including all information required by the manufacturer to produce the lens required including manufacturer, lens brand, lens material, BOZR, TD, BVP
* The trainee check the eye for trauma post-fitting (as a minimum a NaFL check of the cornea)
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| Additional comments |
| Brief summary of fit assessment technique used (completed by trainee) |

Name of witness (block capitals) \_ Position of witness Witness GOC No.

Witness signature

Witness email and postal addresses