

Trainee name: \_\_\_\_\_ Trainee number: \_\_\_\_\_



**THE COLLEGE OF  
OPTOMETRISTS**

**Scheme for Registration Stage 2 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: \_\_\_\_\_

Age: \_\_\_\_\_

Date of last examination: \_\_\_\_\_

Occupation: \_\_\_\_\_

Pre-fitting measurements
Soft fitting
Specification for soft lenses
Additional comments