



ID. No.: \_\_\_\_ - \_\_\_\_ Alpha Code: \_\_\_\_

Clinic #: \_\_\_\_ Week: 000

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**INSTRUCTIONS:** A protocol refraction of **BOTH EYES** is required at baseline **PRIOR TO DILATION**.

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## REFRACTION

1. Correction obtained by subjective refraction (If Plano, enter zeros):

a. Right Eye:

+ / - \_\_\_\_ . \_\_\_\_ + / - \_\_\_\_ . \_\_\_\_ X \_\_\_\_  
(Circle Sign) Sphere (Circle Sign) Cylinder Axis

b. Left Eye:

+ / - \_\_\_\_ . \_\_\_\_ + / - \_\_\_\_ . \_\_\_\_ X \_\_\_\_  
(Circle Sign) Sphere (Circle Sign) Cylinder Axis

2. Initials and certification number of person  
obtaining refraction

a. Initials: \_\_\_\_

b. Certification #: \_\_\_\_

3. Date refraction was completed:

\_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_  
Month Day Year



ID. No.: \_\_\_\_ - \_\_\_\_ Alpha Code: \_\_\_\_

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**INSTRUCTIONS:** A protocol visual acuity test of **BOTH eyes** is required at baseline **PRIOR TO DILATION**.

**REMINDER! You MUST calibrate the EVA-ETDRS prior to VA testing!**

1. Testing distance = 3 meters (118 inches) from monitor screen to center of exam chair seat
2. Brightness of screen within range on light meter
3. Size of EVA calibration square: horizontal = 114 mm and vertical = 114 mm

**VISUAL ACUITY RIGHT EYE**

4. How was visual acuity measured in the **RIGHT** eye?

☐<sub>0</sub> EVA-ETDRS at 3 meters

☐<sub>1</sub> ETDRS Chart at 4 meters

4a. If EVA-ETDRS was not used, please explain why.

Complete and submit ETDRS worksheet.

5. **RIGHT** eye visual acuity letter score:

\_\_\_\_

**VISUAL ACUITY LEFT EYE**

6. How was visual acuity measured in the **LEFT** eye?

☐<sub>0</sub> EVA-ETDRS at 3 meters

☐<sub>1</sub> ETDRS Chart at 4 meters

6a. If EVA-ETDRS was not used, please explain why.

Complete and submit ETDRS worksheet.

7. **LEFT** eye visual acuity letter score:

\_\_\_\_



## Baseline Refraction and Visual Acuity Testing

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8. Which eye is the study eye?

☐<sub>0</sub> Right

☐<sub>1</sub> Left

9. Is the visual acuity letter score in the **STUDY** eye greater than or equal to **23** letters and less than or equal to **82** letters?

☐<sub>1</sub> Yes

☐<sub>0</sub> No →

**STOP! Patient is ineligible!**

10. Initials and certification number of person obtaining visual acuity

a. Initials: \_\_\_\_

b. Certification #: \_\_\_\_

11. Date of visual acuity testing:

\_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_  
Month Day Year