**Student’s name : Supervisor:**

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| --- | --- | --- |
| Case history | marks |  |
| VA | 1 | OD |
| Refraction | 2 | OD |
| Subjective | 2 | OD |
| k- reading | 1 | OD |
| Ocular measurement   * HVID * (PD) Dim\light | 1  1\1 | OD  Dim\light |
| Power calculation | 1 |  |
| B.C calculation | 1 |  |
| Dia calculation | 1 |  |
| Slit-Lamp examinations  Lid , lashes  conjunctiva  cornea | 1  1  1 | OD |
| Trail CL | 1 | OD |
| Tear test ( the student must do one of ( TBUT , Schiermer , meniscus ) | 1 |  |
| Claen hand + cut nail | 1 |  |
| Insertion technique | 1 |  |
| CL evaluation   * Centration * Coverage * Movement * Fitting type * comfortable | 1  1  1  1  1 | OD |
| Refitting if needed | 1 | OD |
| Over Refraction | 1 | OD |
| Removal technique | 1 |  |
| Impression: | 1 |  |
| Plan | 1 |  |
| Writing the report | 1 |  |
| Total marks | 30 |  |