FIM MEDICAL

Visiolite® Flex

RESPONSE FORM · REMOTE CONTROL

FL1161.DOC.010 · V01.00.00
11/10/2026

Identification No. _____ Last name _____ First name _____ Date of birth ___/___/_____ Sex at birth ☐ Female ☐ Male

Company _____ Position _____ Risk exposure _____ Tester _____ Test date ___/___/_____ Time _____

Optical correction ☐ None ☐ Glasses ☐ Contact lenses Lens type ☐ Single vision ☐ Bifocal ☐ Reading ☐ Progressive ☐ Other Tested with correction ☐ Yes ☐ No Eye surgery ☐ Yes ☐ No

Correction type _____ If yes, what _____ Sequence / protocol _____

Visual acuity

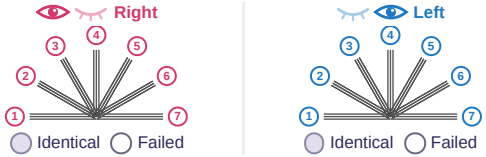
Binocular · Right · Left

Tick the optotype used and circle the acuity obtained. If measured in both conditions: ● without correction, ✕ with correction.

Test	Eye	Low vision	Snellen acuity 6 / …									
			L1	L2	L3	L4	L5	L6	L7	L8	L9	L10
Far vision 20 ft		120	60	30	19	15	12	9.5	9	7.5	6.6	6	4.8
☐ ABC ☐ 123 ☐ C ☐ E		120	60	30	19	15	12	9.5	9	7.5	6.6	6	4.8
		120	60	30	19	15	12	9.5	9	7.5	6.6	6	4.8
Mesopic acuity 20 ft · 40" · 32" · 24" · 16"		120	60	30	19	15	12	9.5	9	7.5	6.6	6	4.8
☐ ABC ☐ 123 ☐ C ☐ E		120	60	30	19	15	12	9.5	9	7.5	6.6	6	4.8
		120	60	30	19	15	12	9.5	9	7.5	6.6	6	4.8
Low contrast 20 ft · 40" · 32" · 24" · 16"		120	60	30	19	15	12	9.5	9	7.5	6.6	6	4.8
☐ ABC ☐ 123 ☐ C ☐ E		120	60	30	19	15	12	9.5	9	7.5	6.6	6	4.8
		120	60	30	19	15	12	9.5	9	7.5	6.6	6	4.8
Intermediate vision 40" · 32" · 24"		120	60	30	19	15	12	9.5	9	7.5	6.6	6	4.8
☐ ABC ☐ 123 ☐ C ☐ E		120	60	30	19	15	12	9.5	9	7.5	6.6	6	4.8
		120	60	30	19	15	12	9.5	9	7.5	6.6	6	4.8
Near vision 16"		120	60	30	19	15	12	9.5	9	7.5	6.6	6	4.8
☐ ABC ☐ 123 ☐ C ☐ E		120	60	30	19	15	12	9.5	9	7.5	6.6	6	4.8
		120	60	30	19	15	12	9.5	9	7.5	6.6	6	4.8

Astigmatism

20 ft · 40" · 32" · 24" · 16"



Right: ◯ Identical ◯ Failed

Left: ◯ Identical ◯ Failed

If the lines are not identical, circle the number of the line seen as darkest.

Hypermetropia

At 20 ft, lens: +1 D · +1.5 D

	Clear vision	Blurred vision
B	◯	◯
R	◯	◯
L	◯	◯

Contrast sensitivity

20 ft · 40" · 32" · 24" · 16"

1	100 %	80 %	63 %	50 %	40 %
2	32 %	25 %	20 %	16 %	12.5 %
3	10 %	8 %	6.3 %	5 %	4 %
4	3.2 %	2.5 %	2 %	1.6 %	1.2 %

Binocular

Sensitivity: _____ %

☐ Failed

Circle the last letter read correctly. Patient instruction: read line 4, otherwise line 3.

Duochrome / Ametropia

20 ft · 40" · 32" · 24" · 16"



	Red	Green	Identical
B	◯	◯	◯
R	◯	◯	◯
L	◯	◯	◯

☐ Failed

Stereoscopic vision

20 ft · 40" · 32" · 24" · 16"



1600"	800"	400"	200"	100"	50"
◯ 1	◯ 2	◯ 3	◯ 4	◯ 5	◯ 6

☐ Failed

Last level correctly identified (seconds of arc).

Phorias

20 ft · 40" · 32" · 24" · 16"



Cell no.: ____ ☐ Off grid ☐ Failed

4 = Exophoria · 5 = Orthophoria

6 = Esophoria · Other = Hyperphoria

Fusion

20 ft · 40" · 32" · 24" · 16"



2	3	4	5
◯	◯	◯	◯

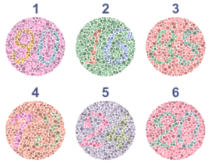
Number of dots seen

☐ Failed

Colour vision

20 ft · 40" · 32" · 24" · 16"

	Numbers seen
B	____ / 12
R	____ / 12
L	____ / 12



Ishihara, 6 plates of 2 digits. ☐ Failed

Amsler

20 ft · 40" · 32" · 24" · 16"



	Normal grid	Distorted grid
R	◯	◯
L	◯	◯

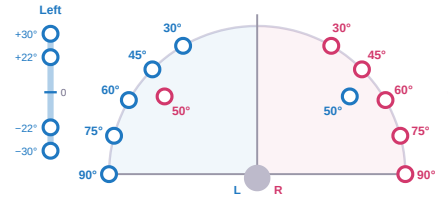
Other: _____

☐ Failed

Visual field

20 ft

Peripheral field

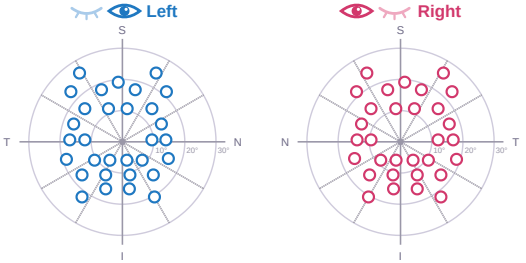


Vertical L ____ ° R ____ ° ☐ Failed

Horizontal L ____ ° R ____ ° Total ____ °

Central fields (30°)

● seen ✕ not seen ☐ Failed



Points seen: ____ / 31 Points seen: ____ / 31

Binocular (simulated) Points seen: ____ / 47

calculated by the software

Glare sensitivity

20 ft



Binocular ☐ Failed

Without correction ____ / 6

With correction ____ / 6

Not seen: _____

Tester's signature / stamp

Conclusions

_____

_____

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