FIM MEDICAL

Visiolite® Flex

RESPONSE FORM · REMOTE CONTROL

FL1161.DOC.011 · V01.00.00
10/11/2026

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

Company _____ Position _____ Risk exposure _____ Examiner _____ 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

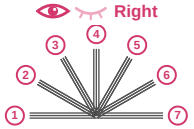
Tick the optotype used and circle the acuity obtained. If measured in both conditions: ● without correction, ✕ with correction.

Test	Eye	Low vision	Snellen acuity 20 / …									
			L1	L2	L3	L4	L5	L6	L7	L8	L9	L10
Far vision 20 ft		400 200	100	85	70	50	40	35	30	25	22	20
☐ ABC ☐ 123 ☐ C ☐ E		400 200	100	85	70	50	40	35	30	25	22	20
		400 200	100	85	70	50	40	35	30	25	22	20
Mesopic acuity 20 ft 40" 32" 24" 14"		400 200	100	85	70	50	40	35	30	25	22	20
☐ ABC ☐ 123 ☐ C ☐ E		400 200	100	85	70	50	40	35	30	25	22	20
		400 200	100	85	70	50	40	35	30	25	22	20
Low contrast 20 ft 40" 32" 24" 14"		400 200	100	85	70	50	40	35	30	25	22	20
☐ ABC ☐ 123 ☐ C ☐ E		400 200	100	85	70	50	40	35	30	25	22	20
		400 200	100	85	70	50	40	35	30	25	22	20
Intermediate vision 40" 32" 24"		400 200	100	85	70	50	40	35	30	25	22	20
☐ ABC ☐ 123 ☐ C ☐ E		400 200	100	85	70	50	40	35	30	25	22	20
		400 200	100	85	70	50	40	35	30	25	22	20
Near vision 14"		400 200	100	85	70	50	40	35	30	25	22	20
☐ ABC ☐ 123 ☐ C ☐ E		400 200	100	85	70	50	40	35	30	25	22	20
		400 200	100	85	70	50	40	35	30	25	22	20

Astigmatism

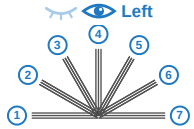
20 ft · 40" · 32" · 24" · 14"

Right



○ Identical ○ Failed

Left



○ Identical ○ Failed

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

Hyperopia

20 ft · 40" · 32" · 24" · 14"

At 20 ft, lens: +1 D · +1.5 D

	Clear vision	Blurred vision
B	○	○
R	○	○
L	○	○

Contrast sensitivity

20 ft · 40" · 32" · 24" · 14"

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" · 14"



	Red	Green	Identical
B	○	○	○
R	○	○	○
L	○	○	○

☐ Failed

Stereoscopic vision

20 ft · 40" · 32" · 24" · 14"



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" · 14"



Cell no.: ____ ☐ Off grid ☐ Failed

4 = Exophoria · 5 = Orthophoria
6 = Esophoria · Other = Hyperphoria

Fusion

20 ft · 40" · 32" · 24" · 14"



2	3	4	5
○	○	○	○

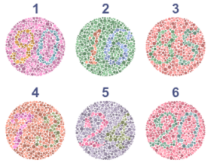
Number of dots seen

☐ Failed

Color vision

20 ft · 40" · 32" · 24" · 14"

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



Ishihara, 6 plates of 2 digits. ☐ Failed

Amsler

20 ft · 40" · 32" · 24" · 14"



	Normal grid	Distorted grid
R	○	○
L	○	○

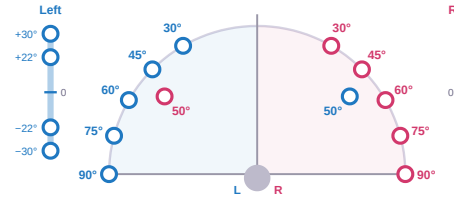
Other: _____

☐ Failed

Visual field

20 ft

Peripheral field

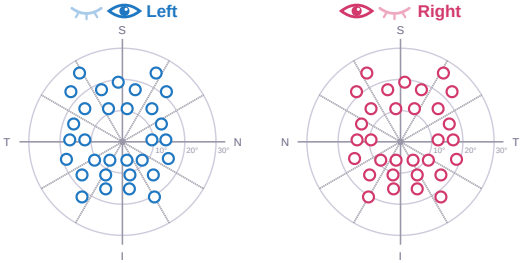


Vertical L ____ ° R ____ ° ☐ Failed

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: _____

Examiner's signature / stamp

Conclusions

_____

_____