

Contact information to Silmäasema silmaasema.fi

Appointment Date _____ / _____ / _____ time _____

Silmäasema _____

Personal information

Name _____

Organisation _____

Occupation of employee _____

Needed examination

(free of charge)

- Eye examination
- Pre-employment Examination
- Periodic examination
- IOP intraocular pressure measurement
- other examination:

Examination language english

Additional examinations

(examination with extra fee)

- Stereo Vision test
- Colour Vision test
- Contrast sensitivity test
- Eye examination for Forklift and Crane driver
- Driving eye test Examination to traffic vision
- Optician eye examination report
- Eye examination for contact lenses
- NDT examination

Customer pay

Invoice

Invoicing address _____

Additional comments: _____

Referring provider

Date _____ / _____ / _____

Occupational health care _____

Name _____

Address _____

The report must be returned

Yes No

REPORT OF EYE EXAMINATION

Visual acuity

Right

Left

Both Eyes

Far vision without glasses: _____

Far Vision with own glasses: _____

Far Vision with new glasses: _____

Near Vision without glasses: _____

Near Vision with own glasses: _____

Near Vision with new glasses: _____

Customer needs glasses

- No need for glasses Current glasses are suitable
 Current glasses in poor condition New glasses are needed

IOP intraocular pressure

Right _____ Left _____

Additional Testing

Test result

Contrast vision _____ normal abnormal

Stereo Vision _____ normal abnormal

Colour vision _____ normal abnormal

Additional test recommended

- Workstation ergonomics check
 Eye examination for special working glasses
 Refer to eyedoctor examination

Additional comments

____ / ____ 20 _____ Optician _____