**Student’s name : Supervisor:**

|  |  |  |
| --- | --- | --- |
| Case history | marks |  |
| VA | 1 | OD |
| Refraction | 2 | OD |
| Subjective | 2 | OD |
| k- reading | 1 | OD |
| Ocular measurement* HVID
* (PD) Dim\light
 | 11\1 | ODDim\light |
| Power calculation | 1 |  |
| B.C calculation | 1 |  |
| Dia calculation | 1 |  |
| Slit-Lamp examinationsLid , lashes conjunctiva cornea | 111 | 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
 | 11111 | OD |
| Refitting if needed | 1 | OD |
| Over Refraction | 1 | OD |
| Removal technique | 1 |  |
| Impression: | 1 |  |
| Plan | 1 |  |
| Writing the report | 1 |  |
| Total marks | 30 |  |