FIM MEDICAL

Visiolite® Flex

RESPONSE FORM · REMOTE CONTROL

FL1161.DOC.002 · 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

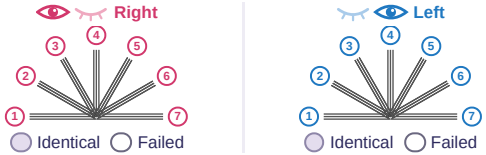
Tick the optotype used and circle the acuity obtained. If measured in both conditions: ● without correction, ✕ with correction.

Low vision — Acuity (/10) · test line

Test	Eye	L1	L2	L3	L4	L5	L6	L7	L8	L9	L10
Far vision (5 m)		0.5	1	2	3.2	4	5	6.3	7	8	9	10	12.5
		0.5	1	2	3.2	4	5	6.3	7	8	9	10	12.5
☐ ABC ☐ 123 ☐ C ☐ E		0.5	1	2	3.2	4	5	6.3	7	8	9	10	12.5
Mesopic acuity (5 m · 1 m · 80 cm · 60 cm · 33 cm)		0.5	1	2	3.2	4	5	6.3	7	8	9	10	12.5
		0.5	1	2	3.2	4	5	6.3	7	8	9	10	12.5
☐ ABC ☐ 123 ☐ C ☐ E		0.5	1	2	3.2	4	5	6.3	7	8	9	10	12.5
Low contrast (5 m · 1 m · 80 cm · 60 cm · 33 cm)		0.5	1	2	3.2	4	5	6.3	7	8	9	10	12.5
		0.5	1	2	3.2	4	5	6.3	7	8	9	10	12.5
☐ ABC ☐ 123 ☐ C ☐ E		0.5	1	2	3.2	4	5	6.3	7	8	9	10	12.5
Intermediate vision (1 m · 80 cm · 60 cm)		0.5	1	2	3.2	4	5	6.3	7	8	9	10	12.5
		0.5	1	2	3.2	4	5	6.3	7	8	9	10	12.5
☐ ABC ☐ 123 ☐ C ☐ E		0.5	1	2	3.2	4	5	6.3	7	8	9	10	12.5
Near vision (33 cm)		0.5	1	2	3.2	4	5	6.3	7	8	9	10	12.5
		0.5	1	2	3.2	4	5	6.3	7	8	9	10	12.5
☐ ABC ☐ 123 ☐ C ☐ E		0.5	1	2	3.2	4	5	6.3	7	8	9	10	12.5

Astigmatism

5 m · 1 m · 80 cm · 60 cm · 33 cm



Right: ○ Identical ○ Failed — Left: ○ Identical ○ Failed

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

Hypermetropia

5 m · 1 m · 80 cm · 60 cm · 33 cm

At 5 m, lens: +1 D · +1.5 D

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

Contrast sensitivity

5 m · 1 m · 80 cm · 60 cm · 33 cm

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

5 m · 1 m · 80 cm · 60 cm · 33 cm

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

☐ Failed

Stereoscopic vision

5 m · 1 m · 80 cm · 60 cm · 33 cm

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

☐ Failed

Last level correctly identified (seconds of arc).

Phorias

5 m · 1 m · 80 cm · 60 cm · 33 cm

Cell no.: ____ ☐ Off grid ☐ Failed

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

Fusion

5 m · 1 m · 80 cm · 60 cm · 33 cm

○ 2 ○ 3 ○ 4 ○ 5

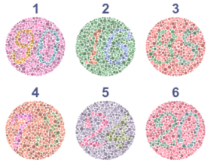
Number of dots seen

☐ Failed

Colour vision

5 m · 1 m · 80 cm · 60 cm · 33 cm

	Numbers seen
B	_____ / 12
R	_____ / 12
L	_____ / 12



Ishihara, 6 plates of 2 digits. ☐ Failed

Amsler

5 m · 1 m · 80 cm · 60 cm · 33 cm

	Normal grid	Distorted grid
R	○	○
L	○	○

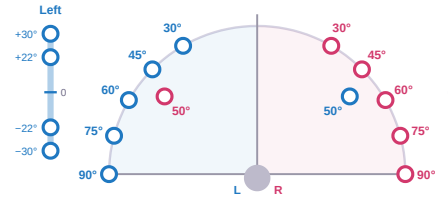
Other: _____

☐ Failed

Visual field

5 m

Peripheral field

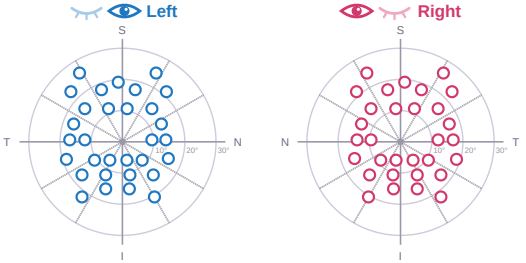


Vertical L ____ ° R ____ ° ☐ Failed

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

5 m

Binocular ☐ Failed

Without correction _____ / 6

With correction _____ / 6

Not seen: _____

Tester's signature / stamp

Conclusions

_____

_____