



Optometry Council of
Australia and New Zealand

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Appendix D: Skill Stations Examination – Candidate Recording Sheets

This document provides the recording sheets that are used by the candidates undertaking the Skills Station component of the OCANZ Competency in Optometry Examination.

The Optometry Council of Australia and New Zealand reserves the right to alter this document without notice.

Version	1.3
Major revisions	December 2017
Minor revisions	17th May 2018
Minor revisions	22nd February 2019
Approved by	OCANZ Board

STATION 1

A. BINOCULAR VISION ASSESSMENT

Candidate Name:

Date:

(i) Cover Test

(include neutralisation result)

Distance:

Near:

(ii) Heterophoria Measurement

Distance Horizontal phoria:

Technique used (circle): Howell card Von Graefe Maddox rod Other (name)

Distance Vertical phoria:

Technique used (circle): Von Graefe Maddox rod Other (name)

Near Horizontal phoria:

Technique used (circle): Howell card Von Graefe Maddox rod Other (name)

Near Vertical phoria:

Technique used (circle): Von Graefe Maddox rod Other (name)

(iii) Vergence Testing at near (Vergence reserves at near)

Horizontal: **NRC (BI)** **PRC (BO)**

Vertical ranges: **BUR / BDL (circle or label)** **BUL / BDR (circle or label)**

Candidate signature:

STATION 1

B. DISTANCE RETINOSCOPY

Candidate Name:

Date:

ie: Standard terminology is "SPH/-CYL x AXIS"

RE:

LE:

Candidate signature:

STATION 2

C. SOFT CONTACT LENSES

Candidate Name:

Date:

Eye to be examined (circle): **RE** **LE**

Findings

HVID:

Base curve of selected lens:

Fit:

Corneal Integrity (at the end):

Candidate signature:

STATION 2

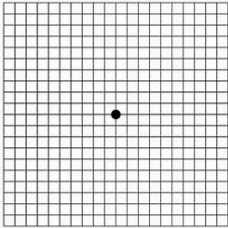
D. VISUAL FIELD ASSESSMENT

Candidate Name:

Date:

(i) Amsler Grid Testing

Eye to be examined (circle): RE LE



(ii) Automated visual field testing

Eye to be examined (circle): RE LE

Program Chosen:

Assessment of validity and interpretation of sample results:

(iii) Confrontation

Method:

RE:

LE:

Candidate signature:

STATION 3

E. DISPENSING

Candidate Name:

Date:

(i) Single vision spectacles

	RE:	LE:
LENS POWERS:		
OPTICAL CENTRATION & PRISM:		
BASE CURVES:		
CENTRE THICKNESS:		
MATERIAL:		
TINT/COATINGS:		
FIT OF THE LENSES IN FRAME:		

PRESCRIPTION DOES NOT MEET AS/NZS ISO 21987:2011. RECORD 3 REASONS FOR FAILURE AND BRIEFLY IDENTIFY HOW THE SPECTACLES FAIL TO MEET THE STANDARDS:

- 1. _____

- 2. _____

- 3. _____

(ii) Progressive spectacles

SUBJECT'S INTER-PUPILLARY DISTANCES:

DIST:

NEAR:

PROGRESSIVE LENS POSITIONS FOR YOUR SUBJECT

RE:

LE:

Candidate signature:

STATION 3

F. CONTACT APPLANATION TONOMETRY

Candidate Name:

Date:

Eye to be examined (circle): **RE** **LE**

Time:

Record of pharmaceuticals used:

Corneal Integrity (before):

IOP Findings: _____

Corneal Integrity (after):

Candidate signature:

STATION 4

G. PUPIL TESTING

Candidate Name:

Date:

Pupils:

	RE	LE
SIZE:		
SHAPE:		
SYMMETRY		

Pupil reflexes:

	RE	LE
Direct:		
Consensual:		
Accommodation:		
Swinging flashlight test:		

Candidate signature:

STATION 4

H. SUBJECTIVE REFRACTION

Candidate Name:

Date:

Prescription (ie. Standard terminology is "SPH/-CYL x AXIS")

RE:	LE:
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Acuties:

RE:	LE:	BE:
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Candidate signature:

STATION 5

I. SLIT-LAMP BIOMICROSCOPY

Candidate Name:

Date:

Lids, lashes, margins:

Palpebral conjunctiva (lower and upper lid eversions) and bulbar conjunctiva:

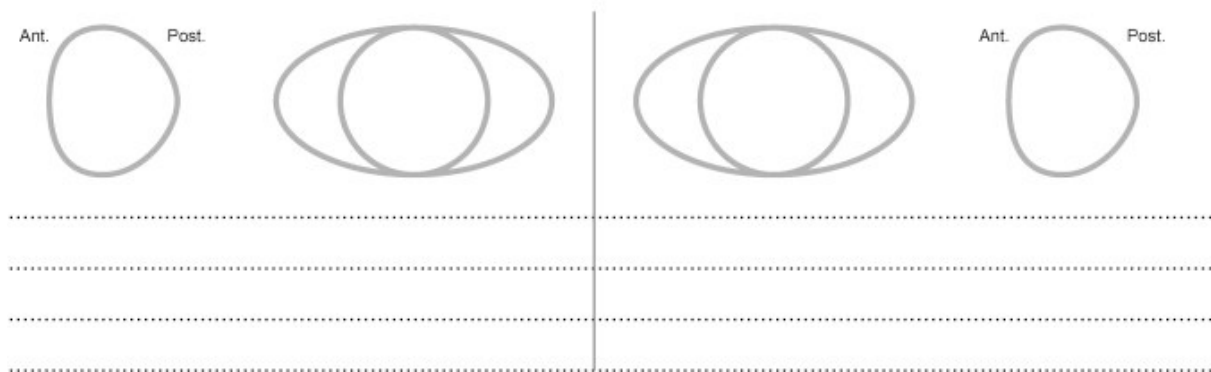
Cornea:

Anterior Chamber angles:

RE:

LE:

Iris and the lens:



Anterior chamber:

Candidate signature:

STATION 5

J. GONIOSCOPY

Candidate Name:

Date:

Eye to be examined (circle): **RE** **LE**

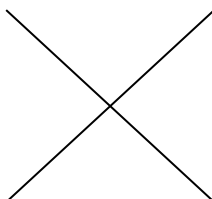
Corneal integrity (before):

Goniolens used:

Record of pharmaceuticals used:

All structures evident in the inferior quadrant:

Findings:



Corneal integrity (after):

Candidate signature:

STATION 6

K. BINOCULAR INDIRECT OPHTHALMOSCOPY

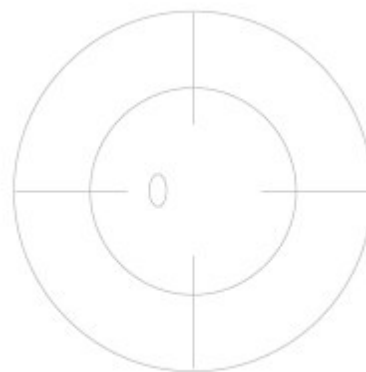
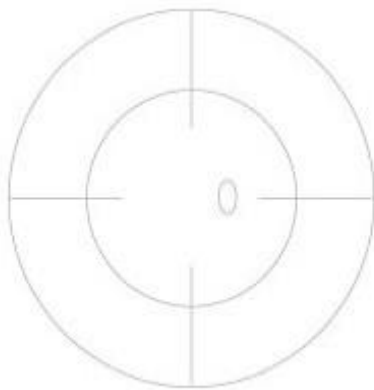
Candidate Name:

Date:

Eye to be examined (circle): RE LE

Condensing lens used: _____

Findings: RE or LE



Optic nerve head:

Macula:

Peripheral retina:

Candidate signature:



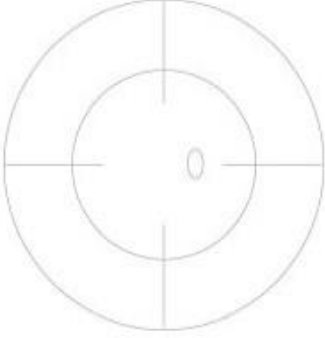
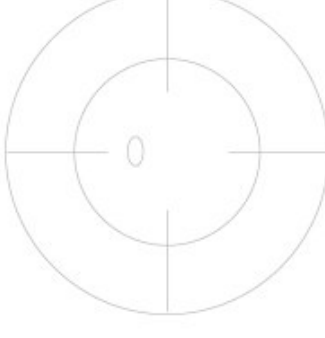
STATION 6

L. FUNDUS LENS EVALUATION

Candidate Name: _____

Date: _____

Condensing lens used _____

	RE	LE
Optic nerve head:		
Peripapillary tissue:		
Blood vessels:		
Macula:		
Vitreous:		
Other:		

Candidate signature: _____