Patients who wear corrective lenses will do the eye exam while wearing them.

1) Have the patient stand 20ft from the eye chart.

2) Have the patient cover their left eye and read the lowest letter line possible.

3) Then cover their right eye and read the lowest letter line possible.

4) Finally, they will read the lowest letter line possible with both eyes.

Patients who wear **hard**contact lenses; these lenses will need to be removed prior to beginning treatment, as discussed in their patient education

|  |  |  |  |
| --- | --- | --- | --- |
| DATE | RIGHT EYE | LEFT EYE | BOTH EYES |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
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Exam Score > 20/70 Letter given: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date/Initials

**Notification of Instructions Due to Change in Visual Acuity**

As discussed during your hyperbaric patient education, vision changes are possible after receiving several (>20) hyperbaric treatments.  This is usually a temporary change that will resolve within 3 to 4 months after your last hyperbaric treatment.

You are receiving this notification because during your last eye exam in the Hyperbaric Clinic your visual acuity score was above 20/70 on the Snellen Eye Chart. According to many state vision screening standards, it is illegal for you to drive without some form of corrective lenses. [Refer to: State Vision Screening and Standards for License to Drive](https://lowvision.preventblindness.org/2003/06/06/state-vision-screening-and-standards-for-license-to-drive/#Kansas)

Your initial eye exam: R\_\_\_\_\_\_\_\_\_ L\_\_\_\_\_\_\_\_\_ B\_\_\_\_\_\_\_\_\_

Your eye exam today: R\_\_\_\_\_\_\_\_\_ L\_\_\_\_\_\_\_\_\_ B\_\_\_\_\_\_\_\_\_

You now require a new prescription if you are driving.  It is illegal for you to operate a vehicle.  Your treatments will be placed on hold until adequate corrective lenses can be obtained.  You may continue treatments if you have another means of transportation.

I have read and understand the above information.  My plan is as follows:

Patient Signature:                                                         Date/Time:

Physician Signature:                                                      Date/Time: