

Data:.....

SCHEDA DI INDIVIDUAZIONE DEI DIFETTI VISIVI

Operatore:.....

Denominazione e codice della Ditta:.....

Dati relativi alla persona esaminata

Cognome:..... Nome:..... Nato il:..... Sesso:.....

Impiegato: Amministrativo Produttivo Porta lenti correttive SI NO

In visione da lontano OD OS In visione da vicino OD OS

Data dell'ultima consultazione:..... Osservazioni:.....

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| Visione da lontano | 1 Acuità O.D. | 2 <input type="checkbox"/> | 4 <input type="checkbox"/> | 6 <input type="checkbox"/> | 8 <input type="checkbox"/> | 10 <input type="checkbox"/> | 12 <input type="checkbox"/> | | IPER <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 Acuità O.S. | 2 <input type="checkbox"/> | 4 <input type="checkbox"/> | 6 <input type="checkbox"/> | 8 <input type="checkbox"/> | 10 <input type="checkbox"/> | 12 <input type="checkbox"/> | | IPER <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 Acuità binoculare | 2 <input type="checkbox"/> | 4 <input type="checkbox"/> | 6 <input type="checkbox"/> | 8 <input type="checkbox"/> | 10 <input type="checkbox"/> | 12 <input type="checkbox"/> | <table border="1"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr> <tr><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td><td>A</td></tr> <tr><td>B</td><td>B</td><td>B</td><td>B</td><td>B</td><td>B</td><td>B</td><td>B</td></tr> <tr><td>C</td><td>C</td><td>C</td><td>C</td><td>C</td><td>C</td><td>C</td><td>C</td></tr> </table> Contrassegnare le lettere corrispondenti | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | A | A | A | A | A | A | A | A | B | B | B | B | B | B | B | B | C | C | C | C | C | C | C | C | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | A | A | A | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | B | B | B | B | B | B | B | B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | C | C | C | C | C | C | C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 Tendenza dell'ametropia | <input type="checkbox"/> R <input type="checkbox"/> V | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 Forie | Segnare la posizione del punto nella griglia | | | | | | | | <table border="1"> <tr><td>A</td><td>B</td><td>C</td><td>D</td><td>E</td><td>F</td><td>G</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td><td>N</td><td>O</td></tr> <tr><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | 1 | | | | | | | | | | | | | | | 2 | | | | | | | | | | | | | | | 3 | | | | | | | | | | | | | | |
| A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 6 Percezione dei colori | <input type="checkbox"/> 57 <input type="checkbox"/> 16 | <input type="checkbox"/> 74 <input type="checkbox"/> | <input type="checkbox"/> 97 <input type="checkbox"/> 96 | <input type="checkbox"/> 35 <input type="checkbox"/> | <input type="checkbox"/> 21 <input type="checkbox"/> 45 | <input type="checkbox"/> | <input type="checkbox"/> 9/6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Visione da vicino | 1 Acuità O.D. | 2 <input type="checkbox"/> | 4 <input type="checkbox"/> | 6 <input type="checkbox"/> | 8 <input type="checkbox"/> | 10 <input type="checkbox"/> | 12 <input type="checkbox"/> | | IPER <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | A | A | A | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | B | B | B | B | B | B | B | B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | C | C | C | C | C | C | C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 Tendenza dell'ametropia | <input type="checkbox"/> R <input type="checkbox"/> V | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 6 Percezione dei colori | <input type="checkbox"/> 57 <input type="checkbox"/> 16 | <input type="checkbox"/> 74 <input type="checkbox"/> | <input type="checkbox"/> 97 <input type="checkbox"/> 96 | <input type="checkbox"/> 35 <input type="checkbox"/> | <input type="checkbox"/> 21 <input type="checkbox"/> 45 | <input type="checkbox"/> | <input type="checkbox"/> 9/6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Visione alterata Visione normale Conclusioni: _____

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| Visione intermedia | 1 Acuità O.D. | 2 <input type="checkbox"/> | 4 <input type="checkbox"/> | 6 <input type="checkbox"/> | 8 <input type="checkbox"/> | 10 <input type="checkbox"/> | 12 <input type="checkbox"/> | | IPER <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 Acuità O.S. | 2 <input type="checkbox"/> | 4 <input type="checkbox"/> | 6 <input type="checkbox"/> | 8 <input type="checkbox"/> | 10 <input type="checkbox"/> | 12 <input type="checkbox"/> | | IPER <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | A | A | A | A | A | A | A | A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | B | B | B | B | B | B | B | B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | C | C | C | C | C | C | C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 Tendenza dell'ametropia | <input type="checkbox"/> R <input type="checkbox"/> V | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 6 Percezione dei colori | <input type="checkbox"/> 57 <input type="checkbox"/> 16 | <input type="checkbox"/> 74 <input type="checkbox"/> | <input type="checkbox"/> 97 <input type="checkbox"/> 96 | <input type="checkbox"/> 35 <input type="checkbox"/> | <input type="checkbox"/> 21 <input type="checkbox"/> 45 | <input type="checkbox"/> | <input type="checkbox"/> 9/6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Campo visivo orizzontale | |
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Visione alterata Visione normale Conclusioni: _____