

**S K**

**S V K C**

**S C V H**

**C V R Z**

**N V D O**

Code: **QMGR-L3CQ-8L5B-CREA**

Moorfields Home Acuity Test V2a

**NOT CALIBRATED, DO NOT USE FOR CLINICAL TESTING.**

**Instructions**

**Check the chart size is correct by placing a bank card in the box below. If you can hide the grey box but still see all of the black outline, the size is correct**

**Fix this chart to a wall using Blu-Tac, at about eye level**

**Stand 150 cm (1.5 m or about 5 feet) away from the chart  
(Use the string provided to measure this distance)**

**Follow the instructions given by the clinician on the telephone**



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# Record Sheet

Please complete this sheet in block capitals, using a black pen.

**Sequence code:** QMGR-L3CQ-8L5B-CREA

**Patient ID:** \_\_\_\_\_

**Date (DD/MM/YYYY):** \_\_ / \_\_ / \_\_\_\_

Please enter your answers below.

If you are instructed to keep both eyes open for the test, fill in the 'Patient Right' box only, and put a cross through the 'Patient Left' box. Otherwise, fill in the 'Patient Left' box when your left eye is open (and your right eye covered), and vice versa for the 'Patient Right' box.

**Patient Right**

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**Patient Left**

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