

Answer sheet

Patient name: _____

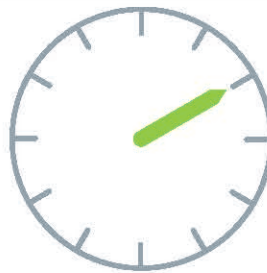
NHS no: _____

4 Check side vision

Actions

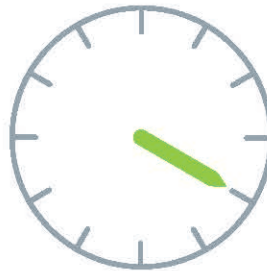
There is no need for the patient to wear their glasses. The object of this check is to **compare the patient's peripheral/side vision with yours**. The patient's vision should be roughly the same as yours.

Can see your hand at the
2 o'clock position?



Yes No

Can see your hand at the
4 o'clock position?



Yes No

Can see your hand at the
8 o'clock position?



Yes No

Can see your hand at the
10 o'clock position?



Yes No

Date and time: _____

Signature: _____

Print name: _____

Designation: _____