

# Optician Review of Client Information - Eligibility Checklist

COBC has developed this optional form to assist an optician in determining whether their client is eligible to receive an automated refraction, whether an assessment record can be provided based on such a refraction, and—where an assessment record has been produced—whether a vision appliance can be dispensed.

1. Has the client signed **Form 1B: Sight Testing – Client History & Eligibility**?

Yes  No

2. Have you answered all of the client's questions about the difference between an eye health examination and a sight test or confirmed that they have no questions?

Yes  No

3. Have you informed the client that you are performing a sight test, not an eye health examination?

Yes  No

4. Have you reviewed the client's health information with the client?

Yes  No



**If you answered *No* to any of the above questions, please go back and complete the necessary steps before determining the client's eligibility. If the steps cannot be completed, you must recommend an eye health examination instead of a sight test.**

A

**If you answered *Yes* to all of the above questions, check [Box A](#) and proceed to [Question 5](#).**

5. Is the client 65 or older?

Yes  No

6. Is the client 18 or younger?

Yes  No



**If you answered *Yes* to [Question 5](#) or [6](#), proceed directly to [Question 10](#).**

B

**If you answered *No* to both questions, check [Box B](#) and proceed to [Question 7](#).**

7. Has the client had an eye health examination since turning 19?

Yes  No

8. If the client is 40 or older, have they had an eye health examination since turning 40?

Yes  No  Not applicable



**If you answered *No* to Question(s) 7 AND/OR 8, proceed directly to Question 10.**



**If you answered *Yes* OR *Not applicable* to both questions, check **Box C** and proceed to Question 9.**

9. Did the client answer *Yes* to any of the conditions listed in Item 3 on **Form 1B: Sight Testing – Client History & Eligibility**?

Yes  No



**If you answered *Yes* to Question 9, proceed directly to Question 10.**



**If you answered *No* to Question 9, AND have checked **Boxes A, B, AND C**, the client is eligible for a sight test. (You do NOT need to answer the remaining questions.)**

10. Has the client been referred to you by a prescriber (optometrist or ophthalmologist who has performed an eye health examination)?

Yes  No

11. Does the name of the prescriber AND the date of the client's most recent eye health exam appear on **Form 1B: Sight Testing – Client History & Eligibility**?

Yes  No



**If you answered *Yes* to Questions 10 AND 11, AND have checked **Box A**, the client is eligible for a sight test.**



**If you answered *No* to Question(s) 10 AND/OR 11, you must recommend an eye health examination instead of a sight test.**

Use the following upon completion of a sight test to determine if an assessment record can be produced and a vision appliance dispensed as per the limits and conditions in the *Opticians Regulation*.

## Post-assessment information

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1. You **cannot** dispense corrective eyeglass lenses or contact lenses if any of the following is observed during the assessment:
  - A. A change in refractive error exceeding plus or minus 1.00 dioptres in either eye within the previous six months.
  - B. A change in refractive error exceeding plus or minus 2.00 dioptres in either eye since the date of the most recent prescription or assessment record provided to you by the client.
  - C. A refractive error exceeding plus or minus 6.00 dioptres in either eye.
  - D. A potential requirement for prism.
  - E. A best-corrected visual acuity of less than 20/25 in either eye.
  - F. Client dissatisfaction with their best-corrected vision after two contemporaneous independent automated refractions have been conducted.
2. You **may** dispense corrective lenses where the assessment record indicates A–E above if the client has been referred to you by a prescriber.

## Charging the client for the sight test

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You **cannot** charge the client for a sight test if:

- A. Due to an error during the automated refraction, no assessment record is produced, or
- B. Due to an error during the automated refraction, corrective eyeglass lenses or contact lenses cannot be fitted or dispensed using information contained in the assessment record, or
- C. Any of the limits or conditions identified in A–F of the “Post-assessment information” above applies.

## Providing the assessment record to the client

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An assessment record **is required** to set out the client’s pupillary distance as measured at the time of the independent automated refraction.

Legislation, (or the regulations) **require** that you provide a legible written or electronic copy of the assessment record to the client or to another person specified by the client, free of charge, regardless of whether it has been requested. You may charge a reasonable amount for duplicate copies.