



LETTER OF ACCEPTANCE

2 weeks/60 hrs of ophthalmology practice

Name of the student:.....

Period of practice:.....

Number of weeks:

Name of the hospital/clinic:.....

Address of the hospital/clinic:

Medical school/university the hospital is affiliated with:

.....

Contact person :

Phone number:

E-mail address:

The above-named 6th year student is accepted to perform his/her compulsory practice at our institution for the period mentioned above. He/She is entitled to complete the tasks listed on page 2 of this form.

Date:.....

Signature:.....

Stamp



OPHTHALMOLOGY PRACTICE

TASKS:

1. Taking the ophthalmic medical history
2. Tasks related to determining visual acuity:
 - Refractometry
 - Recording uncorrected visual acuity (UCVA) and determining best corrected visual acuity (BCVA)
3. Measuring intraocular pressure (IOP) using applanation and non-contact methods
4. Mastering the use of the slit lamp
5. Fundus examination: mastering indirect binocular ophthalmoscopy
6. Overview of activities at the glaucoma outpatient clinic, with special focus on automated perimetry tests
7. Observing ophthalmic ultrasound procedures
8. Observing the work of the medical retina outpatient clinic:
 - OCT (Optical Coherence Tomography) examinations
 - Wide-field fundus imaging
 - Understanding the use of the fundus lasers
 - Intravitreal injections
9. Observing the work of the pediatric ophthalmology outpatient clinic
10. Insight into the surgical activities at the ophthalmology clinic