

head protection series Starlight®

Name/company  
.....

Anonymised Commission  
.....

**Frequency of falls**    infrequent    often    very frequent

**Fall direction**    forward    backward    left    right

Is there risk of head injury or self harming behaviour?

.....

Disease profile:                      Age:                      Level of activity:

The head dimensions are determined by using a flexible measuring tape (narrow tailor tape) and are measured according to the illustrations below.



Further help on correct measuring for your head protection order can be found on our homepage at [www.https://ato-form.com/en/body-protection/head-protection-series-starlight/](https://ato-form.com/en/body-protection/head-protection-series-starlight/) or via this QR code.



**General measurements** Fig. 1

**A** \_\_\_\_\_ cm  
(Head circumference at eyebrow height, above the occipital protuberance)

**B** \_\_\_\_\_ cm  
(Midway between the eyebrows to upper edge of the occipital protuberance)  
**Note! The B dimension is often 1 to 4 cm longer than the C dimension.**

**C** \_\_\_\_\_ cm  
(Over the highest point of the head, beginning and ending at the line of head-circumference measurement A)

**D** \_\_\_\_\_ cm  
(Under the chin, beginning and ending at the line of head-circumference measurement A)

\*Occipital protuberance

**Important notes on filling out the form**

The fitting form is only valid in conjunction with a fully completed order form.

**In the case of a custom-made product, it is mandatory to order a trial fitting.**

The trial fitting gives you the opportunity to make minor corrections to the measure

**Position of the ears on the head** Fig. 2

Right side\*    normal                       low                       high

Left side\*    normal                       low                       high

\*from the patient's point of view

**Attention**

Ideally, the tips of the ears are located on the line of measurement A.

If the positioning of the ears differs from this, make certain that measurement C is taken across the top of the head, beginning and ending at the line of measurement A.

In the case of asymmetrical ear positions, please give a clear and detailed description in the box labelled "comments" below.

**Measurements position of the ears** Fig. 3

**Line of measurement A to lower edge of ears**

**E** \_\_\_\_\_ cm  
(Eyebrow height (line of measurement A to lower edge of earlobes))

**F** \_\_\_\_\_ cm  
(Distance between outer corner of the eye and measurement line E)

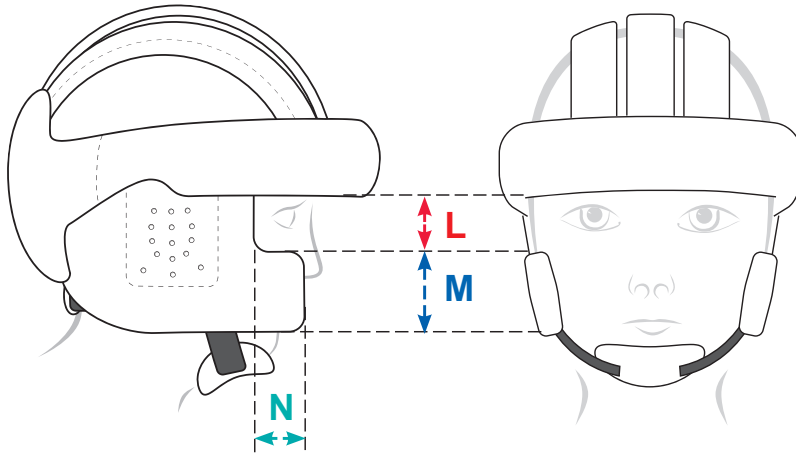
**Ear measurement** Fig. 4

**G** \_\_\_\_\_ cm  
(Height of the ears)

**H** \_\_\_\_\_ cm  
(Width of the ears)

To be completed if a cheek protector is required!

Fig. 5



**Size and position of the cheek protector**

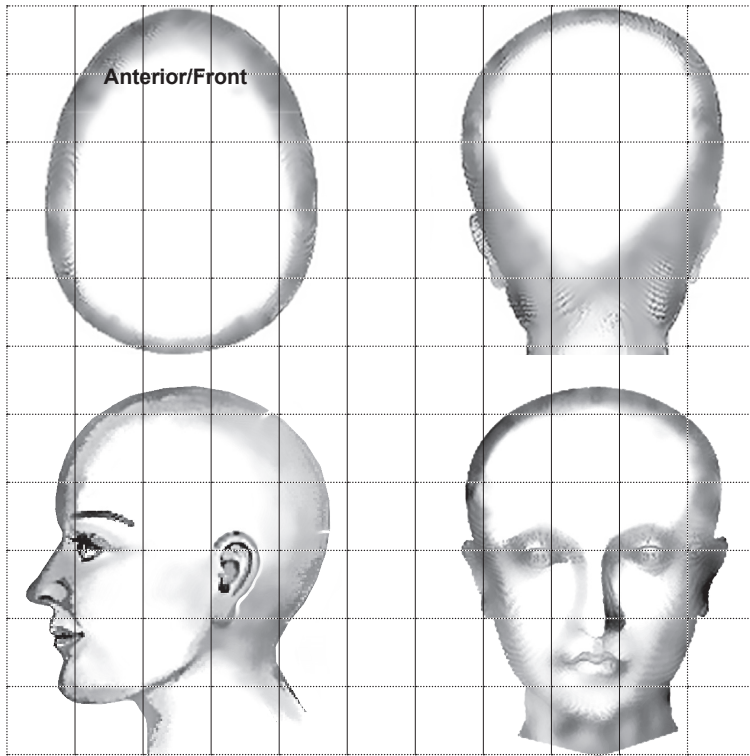
**L** \_\_\_\_\_ cm  
(Height of the free area from forehead to cheek protection)

**M** \_\_\_\_\_ cm  
(Height of the cheek protection)

**N** \_\_\_\_\_ cm  
(Width of the cheek protection)

**Skull perspectives**

Fig. 6



**!** In the case of anatomical abnormalities, describe the shape of the head as precisely as possible.  
If necessary, please print and alter the forehead and/or skull shape in the adjacent illustrations or, if applicable, note any other deviations.  
Photos are very helpful here.

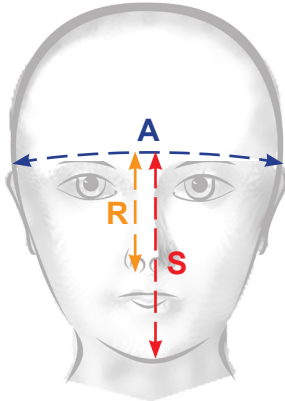
Anonymisierte  
Kommission  
.....  
Name/Firma  
.....

head protection series Starlight®

**Additional measurement when fitted with an Xtra-face protection**

Fig. 7

Please note! In case of a fitting with Xtra-face protection, the measurements for the ears (Fig. 3 and 4) are also mandatory!

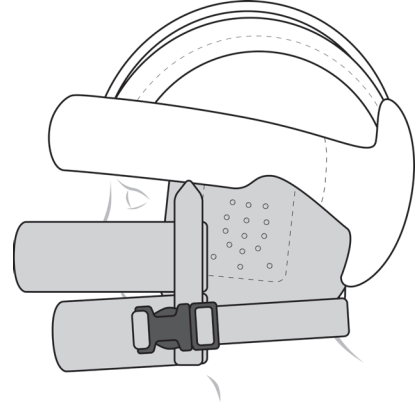


Only for the models

**Starlight® Protect Plus** and  
**Starlight® Go Sport Plus**

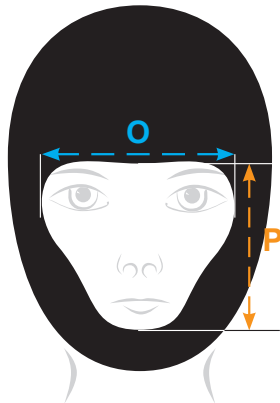
**R** \_\_\_\_\_ cm  
(Dimension line A to the tip of the nose)

**S** \_\_\_\_\_ cm  
(Measurement line A down to the chin)



**Additional measurement for supply  
a full protective helmet**

Fig. 8



**Size of the facial area to  
be left open**

**O** \_\_\_\_\_ cm  
(Width of the facial area at the eye level)

**P** \_\_\_\_\_ cm  
(Height of the facial area from the fore-  
head to below the mouth)



**Note!**

**In the case of a fitting with  
a full-face helmet, the  
information on the cranial  
perspective (Fig. 6) is also  
required.**

In the case of anatomical abnormalities,  
describe the shape of the head as  
precisely as possible.

Comments:

Adress/Stamp or Customer number:

Name/Company

Adress

Phone

Customer number

Date/Signature