OVR-401
(12-89)
BBVS

DISTRICT OFFICE ADDRESS

Department of Labor & Industry
Office of Vocational Rehabilitation

# EYE EXAMINATION REPORT

| Patient Name : | Birth Date: | SS/Case NO. : | Counselor: |
|---|---|---|---|
| | | | |

| Address: | ZIP: | County: |
|---|---|---|
| | | |

History of Ocular Disability (include treatment and hospitalization dates):

| | OD | OS |
|---|---|---|
| External-Eye and Adnexa | | |
| Internal | | |
| Tension/Method Used | | |

| VISUAL ACUITY (Snellen) | OD without correction | OD with present correction | OD with best correction | OS without correction | OS with present correction | OS with best correction |
|---|---|---|---|---|---|---|
| Distance | | | | | | |
| Near | | | | | | |
| Recommended Prescription | | | | | | |

VISUAL FIELDS (use chart on reverse side) ☐ Normal ☐ Abnormal Type of Field Exam Used:

Functional Limitation Areas: (place X where problem exists)

| | Uncorrected | With Present Perscription | Correctable With New Perscription | |
|---|---|---|---|---|
| Binocular Vision | ☐ | ☐ | ☐ Yes | ☐ No |
| Visual Field | ☐ | ☐ | ☐ Yes | ☐ No |
| Depth Perception | ☐ | ☐ | ☐ Yes | ☐ No |
| Blurred Vision | ☐ | ☐ | ☐ Yes | ☐ No |
| Headache and/ or Ocular Pain | ☐ | ☐ | ☐ Yes | ☐ No |
| Color Perception | ☐ | ☐ | ☐ Yes | ☐ No |
| Driving (day or night) | ☐ | ☐ | ☐ Yes | ☐ No |
| Other (Photophobia, Neuromuscular, etc.)_____ | ☐ | ☐ | ☐ Yes | ☐ No |

Description of Above Limitations:

Low Evaluation Recommended? ☐ Yes ☐ No

Diagnosis and Etiology:

Prognosis: ☐ Stable ☐ Slowly Progressive ☐ Rapidly Progressive

Recommended Treatment:

For Sight Conservation:

Comments:

Physician Name: Signature:

Address: Zip:

Date of Examination: Date of Report:

## VISUAL FIELD CHART