Workers' Compensation Division
Department of Consumer and Business Services

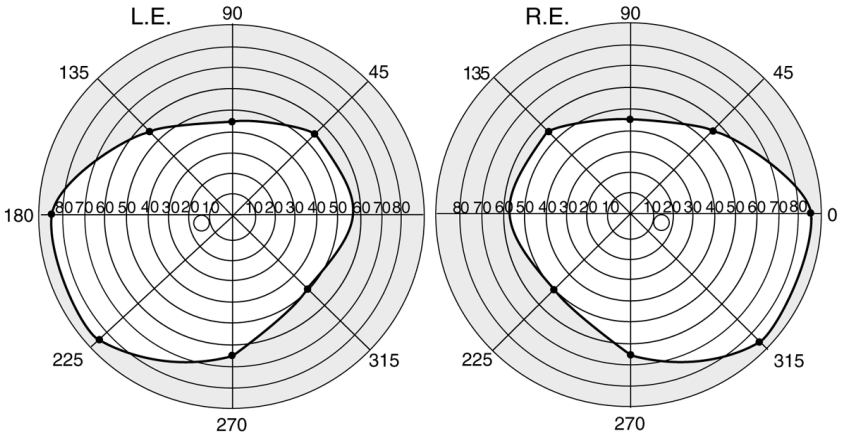
Visual Impairment

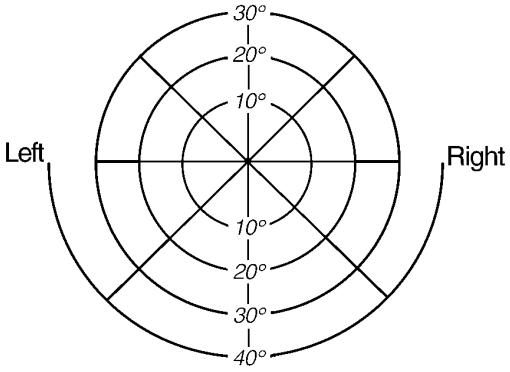
Worker's name: _____ DOI: _____ WCD #: _____

Note: All visual loss is measured with best correction, using the lenses recommended by the worker's physician.

Visual acuity: Report the central visual acuity for each eye, distance and near vision.

	L.E.	R.E.
Distance vision, reported in standard increments of Snellen notation	/	/
If distance vision is less than 20/400, can the worker count fingers at four feet?	☐ yes ☐ no	☐ yes ☐ no
Near vision, reported in Snellen 14/14 notation. Revised Jaeger or American point type units		
Natural lens	☐ yes ☐ no	☐ yes ☐ no
Implanted prosthetic lens	☐ yes ☐ no	☐ yes ☐ no
Aphakia	☐ yes ☐ no	☐ yes ☐ no





Visual field loss: ☐ N/A

Measure each visual field separately using kinetic perimetry and a III / 4e stimulus. Use a device that can produce findings that can be reported on either:

1. a perimetric chart which indicates the extent of retained vision out to 90 degrees for each of the eight standard 45-degree meridians, as reproduced above, or
2. a monocular Esterman grid

Ocular motility: ☐ N/A

Report binocular diplopia in degrees along the eight standard meridians, as reproduced above.

Impairments of lacrimal system: ☐ **N/A**

If too little or too much tearing restricts the worker from any part of regular work, specify the affected eye and whether the condition:

- ☐ is a nuisance but does not prevent most regular work activities
- ☐ prevents some regular work-related activities
- ☐ prevents most regular work-related activities

Additional ocular disturbances ☐ **N/A**

Indicate the affected eye:

	None	Mild	Moderate	Severe
Glare (photophobia)	☐	☐	☐	☐
Monocular diplopia	☐	☐	☐	☐
Stereopsis	☐	☐	☐	☐

Examining physician name and title (print or type): _____

Signature: _____ Date of examination: _____