

WORKMEN'S COMPENSATION ACT, 1941
FINAL REPORT: EYE INJURIES

Claim No.

Name of Workman

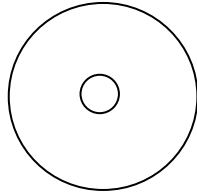
Date of Accident

Name of Employer

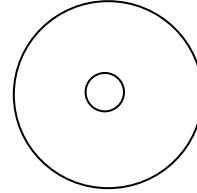
Please give as accurately as possible the final state of eye(s), and indicate clearly on the following diagrams the effect or result of the accident on the present state of the eye(s).

1.

RIGHT



LEFT



2. **VISUAL ACUITY OF EACH EYE SEPARATELY**

(a) Without correction of refractive errors

R..... L

(b) With correction of refractive errors

R..... L

3. In you opinion, has the use of glasses become necessary as a result of the injury?

4. When there is damage to the eye and/or adnexa with or without loss of V.E. then indicate this, e.g. symblepharon, chronic conjunctivitis, injury to lachrymal apparatus, etc.

5. Were any operations performed? If so, state the nature and result

6. (a) From what date has workman been fit for his normal work?

(b) On what date is he likely to be fit for his normal work?

7. If there has any disturbance of the motility of the eye or the field of vision, please describe in detail, and state residual visual efficiency. Relevant diagrams should be attached.

Date

Specialist/Medical Practitioner