

**COMMONWEALTH OF KENTUCKY
CABINET FOR WORKFORCE DEVELOPMENT
DEPARTMENT OF VOCATIONAL REHABILITATION**

MEDICAL REPORT
Visual Disability

To Examiner: Please send completed report to: _____

Name of patient: _____ Address: _____

SECTION I – REPORT OF EXAMINATION

VISUAL ACUITY – Snellen notations (20 feet for distance; 14 inches for reading).

1. Distance: (a) Without glasses: (b) With best correction: (c) Percentage loss – with best correction

R _____ R _____ R _____ %

L _____ L _____ L _____ %

2. Reading: (a) Without glasses: (b) With best correction: (c) Percentage loss – with best correction

R _____ R _____ R _____ %

L _____ L _____ L _____ %

3. Refraction record: (a) Sphere: (b) Cylinder: (c) Axis

R _____ R _____ R _____ %

L _____ L _____ L _____ %

(d) Is difference in spherical correction of the two eyes more than 3 diopters? _____

VISUAL FIELD: (Do not make detailed test unless indicated by preliminary test) Normal _____ Restricted _____

If restricted, or if scotomata are present, chart on back of form and describe under pathology.

MUSCLE FUNCTION: (Do not make detailed test unless indicated by preliminary test.) Normal _____ Restricted _____

If restricted, chart the motor field on back of form and describe under pathology.

BINOCULAR FUNCTION:

1. Does patient have useful binocular vision in all directions – with glasses?

For distance _____ For near _____

2. If patient does not have useful binocular vision, give reason and explain any handicap arising therefrom

Is depth perception present? _____

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SECTION I – REPORT OF EXAMINATION - Continued

COLOR PERCEPTION: Normal _____ Color Blind _____

If color blind, for what colors? _____

WASSERMAN REPORT – Results, if secured _____

SECTION II – DIAGNOSIS

1. Eye Pathology (Primary and Secondary conditions) _____

2. Primary and contributory causes of condition _____

3. Characteristics of condition (check):
Stable _____ Progressive _____ Improving _____
Recurrent _____ Permanent _____ Communicable _____

SECTION III – PROGNOSIS AND RECOMMENDATIONS

1. Prognosis as to future developments of condition _____

2. Treatment recommended – medical or other therapy _____

3. Are glasses recommended? _____ If so, please attach prescription.
3. Precautions that should be taken in training or placement of patient in employment:
(a) As to types of activity to be avoided _____

(b) As to working conditions to be avoided _____

Remarks: _____

Place _____

Date _____

(Signature of examiner)

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TABLES AND CHARTS

NOTE - The tables below are on the basis of examination at 20 feet for distant and 14 inches for near vision. If the patient's eye condition is such that examination cannot be made at these distances, the distance at which it is made should be shown with the distance at which a person having normal vision would be able to see the same test letters or characters, and the percentage loss should be calculated therefrom.

1. Table of Percentage LOSS of Visual Efficiency Corresponding to Snellen Notations for Distance and for Reading (American Medical Association Standard s) and to Jaeger Reading Test Card

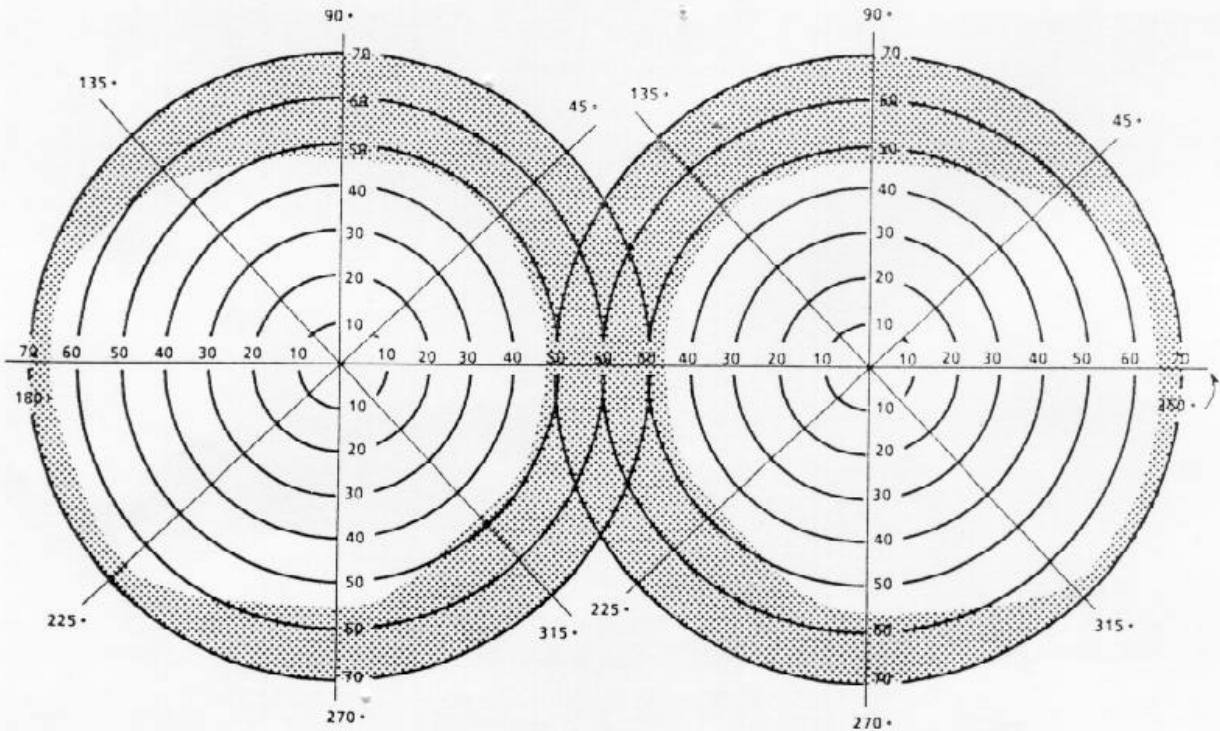
| FOR DISTANCE | FOR READING | | Percentage Loss | FOR DISTANCE | FOR READING | | Percentage Loss |
|----------------------------------------|----------------------------------------|------------------------|-----------------|----------------------------------------|----------------------------------------|------------------------|-----------------|
| At 20 Feet Snellen Notations AMA Chart | At 14 Feet Snellen Notations AMA Chart | By Test on Jaeger Card | | At 20 Feet Snellen Notations AMA Chart | At 14 Feet Snellen Notations AMA Chart | By Test on Jaeger Card | |
| 20/20 | 14/14 | No. 1 | No Loss | 20/90 | 14/63 | | 46.6 |
| 20/25 | 14/17.5 | | 4.3 | 20/100 | 14/70 | No. 11 | 51.1 |
| 20/30 | 14/21 | No. 2 | 3.5 | 20/110 | | | 55.0 |
| 20/35 | 14/24.5 | No. 3 | 12.5 | 20/120 | 14/84 | No. 12 | 60.1 |
| 20/40 | 14/26 | No. 4 | 16.4 | 20/140 | 14/96 | No. 14 | 65.8 |
| 20/45 | 14/31.5 | No. 5 | 20.0 | 20/160 | 14/112 | No. 16 | 71.4 |
| 20/50 | 14/35 | No. 6 | 23.5 | 20/200 | 14/140 | No. 17 | 80.0 |
| 20/60 | 14/42 | No. 8 | 30.0 | 20/240 | 14/168 | No. 18 | 87.0 |
| 20/70 | 14/49 | No. 9 | 35.0 | 20/320 | 14/224 | No. 19 | 92.8 |
| 20/80 | 14/56 | No. 10 | 41.5 | 20/480 | 14/336 | No. 20 | 98.0 |

2. Table of LOSS in Binocular Vision (Motor-Field Efficiency)

| EXTENT OF LOSS | MOTOR-FIELD EFFICIENCY | EXTENT OF LOSS | MOTOR-FIELD EFFICIENCY |
|----------------|------------------------|----------------|------------------------|
| | Percent | | Percent |
| No loss | 100 | 11/20 | 67 |
| 1/20 | 98 | 12/20 | 63 |
| 2/25 | 95 | 13/20 | 59 |
| 3/30 | 92 | 14/20 | 55 |
| 4/35 | 89 | 15/20 | 50 |
| 5/40 | 87 | 16/20 | 45 |
| 6/45 | 84 | 17/20 | 39 |
| 7/50 | 81 | 18/20 | 32 |
| 8/60 | 77 | 19/20 | 22 |
| 9/70 | 74 | 20/20 | 0 |
| 10/80 | 71 | | |

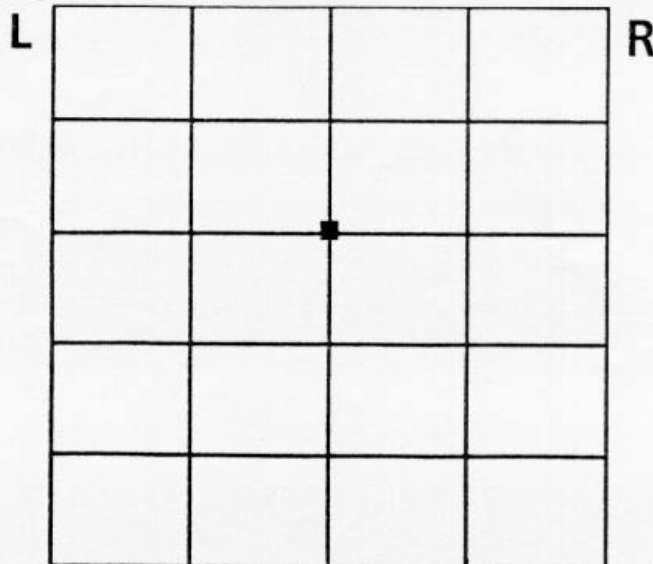
3. CHART OF VISUAL FIELD

(NOTE — Visual field should be tested on a standard perimeter having a radius of 11 inches, white test object of 6 millimeters diameter.)



4. CHART OF MOTOR FIELD

(NOTE — Motor-field test chart should be 42 inches by 42 inches divided into rectangles approximately 10.5 inches by 8.5 inches. Test at 10 feet.)



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