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PROGRESS/FINAL EYE REPORT
COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993

Claim Number _____ Date of Accident _____ Staff number _____
Employer _____
Employee _____

7. VISUAL ACUITY OF EACH EYE

(a) FOR DISTANCE

Snellen notation without correction

Snellen notation with correction

(b) FOR NEAR

Jaeger notation without correction

Jaeger notation with correction

L _____ R _____
L _____ R _____
L _____ R _____
L _____ R _____

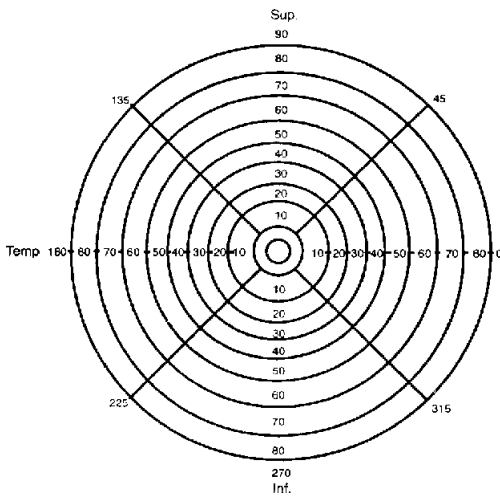
8. Is there any loss of field of vision?

If yes, kindly indicate the percentage loss of field of vision in each eye.

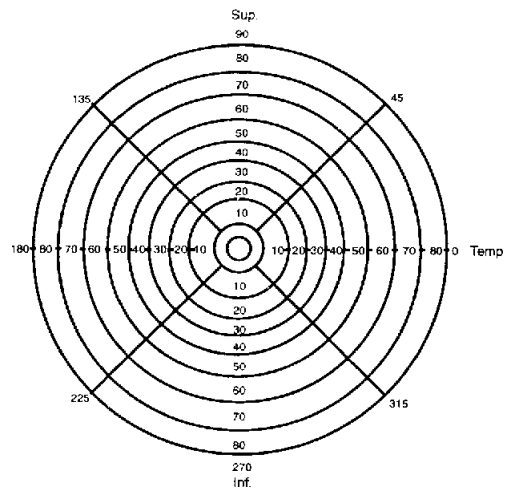
If you are unable to express the loss of field of vision as a percentage, kindly plot the extent of the visual fields or each of the eight principle meridians on the following visual field chart (including the presence of a scotoma).

Yes No
L _____ R _____

RIGHT



LEFT



3. Is there any loss of motility of the eye?

If yes, kindly mark one of the following:

- (i) Diplopia within the central 20 degree of vision.
- (ii) Diplopia outside the central 20 degree of vision.
- (iii) Diplopia outside the 20 degree of central vision but upon looking downward.

Yes No

MEDICAL PRACTITIONER / SPECIALIST: _____ DATE: _____
ADDRESS: _____ PRACTICE NO: _____

