labour

Department:
Labour
REPUBLIC OF SOUTH AFRICA

Claim Number .....

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT NO. 130 OF 1993

FINAL REPORT: EYES INJURIES

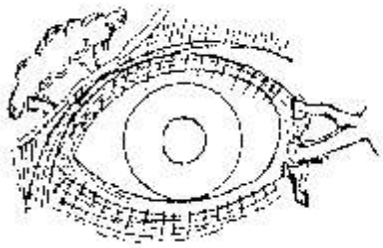
Employee: .....

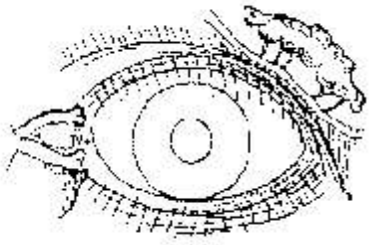
Employer: .....

Date of accident: .....

Kindly describe as accurately as possible the condition of the eye(s), and indicate clearly on the following diagrams the effect and result of the accident on the present condition of the eye(s).

1. **Right** **Left**





2. Functional loss of the visual system must be reported by completing diagrams 7, 8 and 9 (reverse side).

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

.....

4. If visual acuity is improved by correction, but you do not prescribe glasses, kindly indicate the reason(s).

.....

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

.....

6.a. From what date has the employee been fit for his normal work?

.....

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

.....

7. VISUAL ACUITY OF EACH EYE

FOR DISTANCE

Snellen notation without correction R..... L.....

Snellen notation with correction R..... L.....

FOR NEAR

Jaeger notation without correction R..... L.....

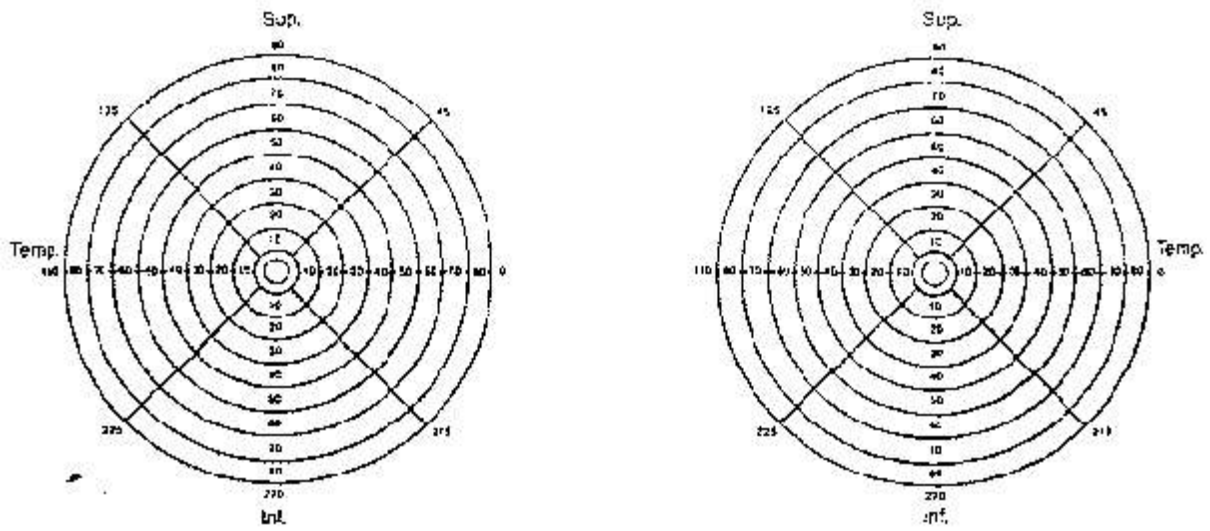
Jaeger notation with correction R..... L.....

8. Is there any loss of field of vision? YES/NO

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

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

Right **Left**



9. Is there loss of motility of the eye? YES/NO

If yes, kindly mark one of the following:

i. Diplopia within the central 20º of vision.

ii. Diplopia outside the central 20º of vision.

iii. Diplopia outside the central 20º of vision, but upon looking downward.

....

SIGNATURE OF EYE SPECIALIST **DATE**

Name (Printed) .....

Registered Address .....

..... Postal Code .....