

Patient's Name		Insured's ID (Prime No)	
SSN		Date of Birth	
Agency Use Only			
Program	Branch	Case Number	Wkr ID
Case Name			Filing Sect 5

Report on Eye Examination

Diagnosis _____

Legal Blindness – To meet the criteria of legal blindness, the answer must be “Yes” to one of the following four questions:

1. Is the impairment of central visual acuity in the better eye after best correction to 20/200 or less? Yes No
2. Is the contraction of peripheral visual fields in the better eye to 10 degrees or less from the point of fixation; or Yes No
3. Is the contraction of peripheral visual fields in the better eye so the widest diameter subtends an angle no greater than 20 degrees; or Yes No
4. Is the contraction of peripheral visual fields in the better eye to 20 percent or less visual field efficiency? Yes No

What is the prognosis?

Is the condition progressive? Yes No

What is the expected duration of the condition? (circle one)

- Less than 60 days 60 days or longer

Will the condition deteriorate without treatment? Yes No

Is treatment indicated? Yes No

If “yes,” what is the recommended treatment?

Examiner's Name (Please type or print.)	Date of Examination
Address	
Signature	Telephone Number