



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
PHYSICIAN'S REPORT ON EYE INJURIES

3315 West Truman Blvd.
P.O. Box 58
Jefferson City, MO 65102-0058
573-751-4231
www.labor.mo.gov/DWC

NOTE: This report is required in each case of eye injury resulting in any degree of permanent disability so that a correct evaluation of the loss sustained may be made and the amount of compensation due for it accurately computed.

**IN ORDER FOR THIS FORM TO SERVE ITS PURPOSE,
ALL REQUESTED DATA MUST BE PROVIDED.**

State's Number For:	File: _____ Carrier: _____ Employer: _____
Carrier's File No. _____ _____ _____	

Eye injuries not resulting in any permanent disability should be reported on the regular report form, Medical Treatment Form (WC-9).

The Patient	1. Name of Injured Person _____ Age _____ Sex _____ 2. Address _____ City _____ State _____ 3. Name and Address of Employer _____ _____
The Accident	4. Date of Accident _____ Hour _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Date disability began _____ 5. State (in patient's own words) where and how accident occurred _____ _____ _____
The Injury	6. Which eye was injured? _____ 7. Is other eye affected by injury? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. Nature of injury and diagnosis _____ _____ 9. Is condition of eye(s) not stationary? <input type="checkbox"/> Yes <input type="checkbox"/> No 10. Have all adequate and reasonable operations and treatment been attempted? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," explain: _____ _____

I. CENTRAL VISUAL ACUITY READINGS

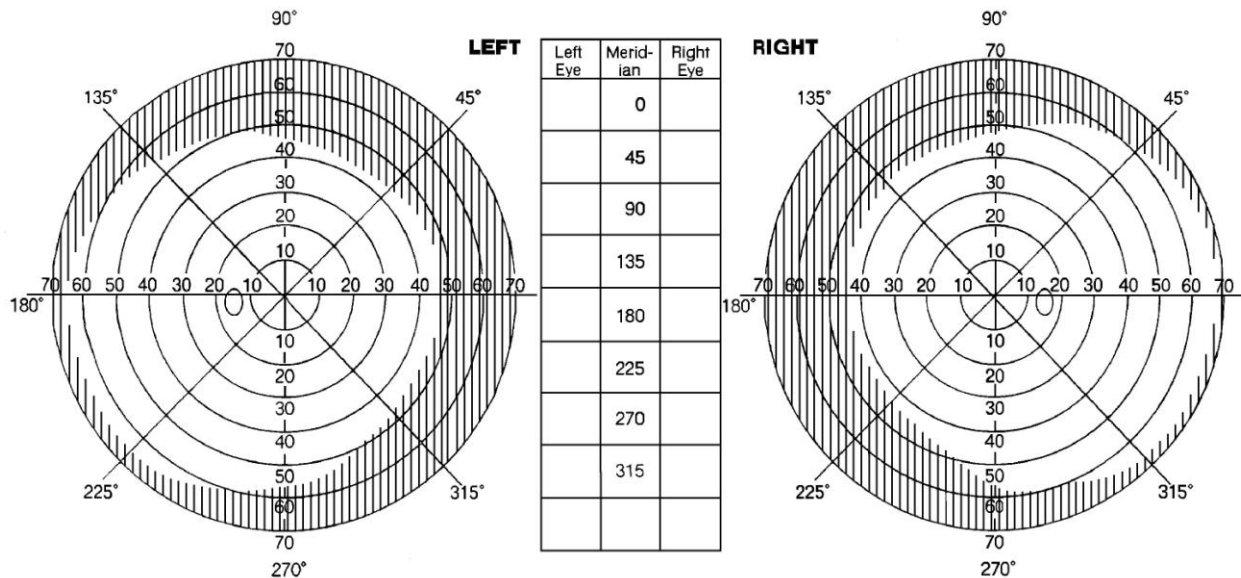
	Without Any Corrective Lenses		With Correction Only for Natural Presbyopia and Other Conditions Clearly Not the Result of Injury	
	Distance	Near	Distance	Near
11. Right Eye				
12. Left Eye				

II. FIELD OF VISION

NOTE: The field of vision shall be determined on a standard perimeter using white test target of 1 degree.

13. Is there any loss of field of vision? Yes No

14. Is it a result of injury? Yes No If "Yes," show below by tracing the reduced field in outline on the applicable figure and by giving reading found at the eight principal meridians in the center box.



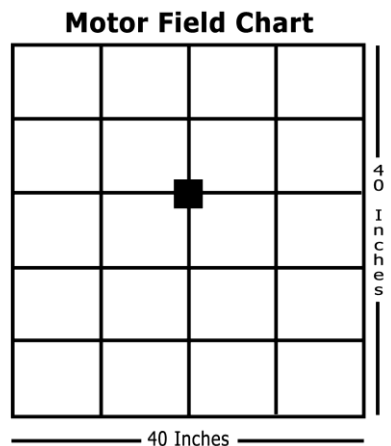
III. BINOCULAR VISION

NOTE: Test is to be made without corrective lenses or prisms.

15. Is there useful binocular vision? Yes No

16. Is there any diplopia (double vision) present? Yes No

17. If "Yes," plot on the accompanying chart by placing an "X" in each rectangle where diplopia is present.



Motor field chart at 40 inches is approximately 40 inches square, and the 20 rectangles measure 8 inches by 10 inches.

IV. SECONDARY OCULAR DISABILITIES

18. If there are ocular disabilities other than those covered in the foregoing sections, please indicate them below by appropriate checking, and if any of the first three are checked indicate under "Remarks" your estimate of the percentage.

If any secondary disability exists that is not listed, note it in the blank space provided.

If there are no secondary disabilities, check this box ►

A. Paralysis of Accommodation

B. Ectropion or Entropion

 Unilateral

 Bilateral

C. Iridectomy (Traumatic or Surgical)

 Photophobia and Dazzling

D. Lagophthalmos

 Unilateral

 Bilateral

E. Epiphora

 Unilateral

 Bilateral

F. Symblepharon (Also Limited Muscle Function) ..

G. Ptosis

 Unilateral

 Bilateral

H. Eye Brow (Complete Loss of)

 Unilateral

 Bilateral

I. Eye Lashes (Complete Loss of)

 Unilateral

 Bilateral

J. Cataract (Traumatic).....

K. Dislocation of Lens (Traumatic)

 Partial

 Complete

L. Scotoma (Traumatic)

 If NOT centrally located.....

M. _____

19. REMARKS _____

(over)

V. PRE-EXISTING SUBNORMAL VISION

20. Is there record of adequate and positive indication of pre-existing subnormal vision? Yes No

If "Yes," explain: _____

21. Is there likelihood of further impairment of the pre-existing subnormal vision, as a result of this injury? Yes No

If "Yes," explain: _____

VI. CONDITIONS REQUIRING DELAYED FINAL EXAMINATION

In cases of disturbance of extrinsic ocular muscles, optic nerve atrophy, retained intraocular foreign body, injury to the retina, sympathetic ophthalmia, and traumatic cataract, at least six months – preferably not more than from 12-16 months – must elapse before final examination shall be made on which this report is based.

22. If any of the conditions mentioned immediately above exist, is there likelihood of further impairment occurring as a result of the injury? Yes No

If "Yes," explain: _____

23. Date of Examination _____ Date of Report _____

24. Doctor's Signature (*Required in doctor's own handwriting*) _____

25. Address _____

City _____ State _____