



## Ophthalmologist / Optometrist Report Form

Applicant Name: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

(Within previous (12) twelve months)

Does the applicant currently wear glasses?

Yes \_\_\_\_\_ No \_\_\_\_\_

Does the applicant currently wear soft contact lenses?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, date soft contact lenses initially prescribed

\_\_\_\_\_

### 1. Visual Acuity:

#### Uncorrected:

OD 20/ \_\_\_\_\_

OS 20/ \_\_\_\_\_

OU 20/ \_\_\_\_\_

#### Corrected:

OD 20/ \_\_\_\_\_

OS 20/ \_\_\_\_\_

OU 20/ \_\_\_\_\_

- Prescription for glasses issued?
- Prescription for soft contact lenses issued?
- Has applicant's vision been corrected by Refractive Surgery?

Yes \_\_\_\_\_ No \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, date of Refractive Surgery

\_\_\_\_\_

2. Colour Vision Test: Type: \_\_\_\_\_

Pass \_\_\_\_\_ Fail \_\_\_\_\_

3. Horizontal Visual Field: (State in degrees): \_\_\_\_\_

\_\_\_\_\_

4. General Eye Health: Any evidence of eye disease or injury? \_\_\_\_\_ If yes, explain below:

\_\_\_\_\_  
\_\_\_\_\_

Signature & Stamp of attending Ophthalmologist / Optometrist

\_\_\_\_\_  
Signature of Examiner

Stamp

Date: \_\_\_\_\_

Phone: \_\_\_\_\_