UNIVERSITY OF KENTUCKY - HUMAN DEVELOPMENT INSTITUTE

MEDICAL REPORT

Visual Disability

To Examiner: Please send co email or fax	mpleted report by	Email: DriverReha Fax: 859 323-0071	b@uky.edu
Name of patient:		Address:	
	SECTION I – REF	PORT OF EXAMINA	<u> </u>
VISUAL ACUITY – Snellen notations	(20 feet for distance; 14 i	nches for reading).	
1. Distance: (a) Without glasses:	(b) With best correction	on: (c) Percent	age loss – with best correction
R	R	R	%
L	L	L	%
2. Reading: (a) Without glasses:	(b) With best correction	on: (c) Percent	age loss – with best correction
R	R	R	%
L	L	L	%
3. Refraction record: (a) Sphere:	(b) Cylinder:	(c) Axis	
R	R	R	%
L	L	L	%
(d) Is difference in spherical correct	ion of the two eyes more tha	in 3 diopters? Yes	No
VISUAL FIELD: (Do not make detailed tes		•	Restricted
MUSCLE FUNCTION: (Do not make detail			Restricted
BINOCULAR FUNCTION: 1. Does patient have useful binoc	ular vision in all directions –	with glasses?	
For distance Yes	No	For near Yes	No
2. If patient does not have useful	binocular vision, give reason	and explain any handicap ari	sing there from

SECTION I – REPORT OF EXAMINATION - Continued

CC	OLOR PERCEPTION:	Normal		Color Blind		
	If color blind, for what colo	ors?				
W	/ASSERMAN REPORT – Res	ults, if secured				
			SECTION II -	- DIAGNOSIS		
1.	Eye Pathology (Primary and	d Secondary condition	ons)			
2.	Primary and contributory o	causes of condition				
3.	Characteristics of condition	n (check):	Stable	Progressive	Improving	
			Recurrent	Permanent	Communicable	
		SECTION III -	- DDUCNUCIS	AND RECOMME	NDATIONS	
		SECTION III	r ROGNOSIS	AND RECOIVINGE	NDATIONS	
1.	Prognosis as to future	e developments of co	ondition			
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2.	Treatment recommer	ided – medicai or oti	ner tnerapy			
3.	Are glasses recommended	? Yes	No If so, please at	tach prescription.		
4.	Precautions that should be	e taken in training or	placement of patient	in employment:		
	(a) As to types of activity	y to be avoided				
	(b) As to working condit	ions to be avoided				
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ке	emarks:					
	Place					
	Date					
				(Signature of exami	ner)	

TABLES AND CHARTS

NOTE - The tables below are on the basis of examination at 20 feet for distant and 14 inches for near vision. If the patient's eye condition is such that examination cannot be made at these distances, the distance at which it is made should be shown with the distance at which a person having normal vision would be able to see the same test letters or characters, and the percentage loss should be calculated therefrom.

 Table of Percentage LOSS of Visual Efficiency Corresponding to Snellen Notations for Distance and for Reading (American Medical Association Standards) and to Jaeger Reading Test Card 2. Table of LOSS in Binocular Vision (Motor-Field Efficiency)

FOR DISTANCE	FOR READING		
At 20 Feet	At 14 Feet	FOR	
Snellen	Snellen	READING	
Notations AMA	Notations	By Test on	Percentage
Chart	AMA Chart	Jaeger Card	Loss
20/20	14/14	No. 1	No Loss
20/25	14/17.5		4.3
20/30	14/21	No. 2	3.5
20/35	14/24.5	No. 3	12.5
20/40	14/26	No. 4	16.4
20/45	14/31.5	No. 5	20.0
20/50	14/35	No. 6	23.5
20/60	14/42	No. 8	30.0
20/70	14/49	No. 9	35.0
20/80	14/56	No. 10	41.5
20/90	14/63		46.6
20/100	14/70	No. 11	51.1
20/110			55.0
20/120	14/84	No. 12	60.1
20/140	14/96	No. 14	65.8
20/160	14/112	No. 16	71.4
20/200	14/140	No. 17	80.0
20/240	14/168	No. 18	87.0
20/320	14/224	No. 19	92.8
20/480	14/336	No. 20	98.0

EXTENT OF LOSS	MOTOR-FIELD EFFICIENCY (percent)
No loss	100
1/20	98
2/25	95
3/30	92
4/35	89
5/40	87
6/45	84
7/50	81
8/60	77
9/70	74
10/80	71
11/20	67
12/20	63
13/20	59
14/20	55
15/20	50
16/20	45
17/20	39
18/20	32
19/20	22
20/20	0