

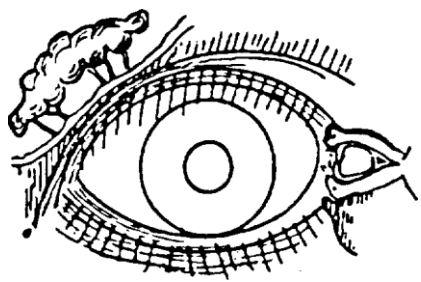
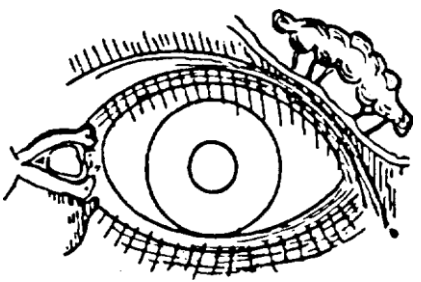


2nd Floor Oxford & Glenhove, 114 Oxford Rd, Houghton Estate, 2198 - Private Bag 87109, Houghton, 2041
Tel: (011) 359 4300 - Fax: (011) 359 4302 - info@fema.co.za - www.fema.co.za

PROGRESS/FINAL EYE REPORT
COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993

Claim Number _____	Date of Accident _____	Staff number _____
Employer _____	_____	
Employee _____	_____	

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

<p>1. RIGHT</p> 	<p>LEFT</p> 
--	---

<p>2. Functional loss of the visual system must be reported by completing items 7, 8 and 9 (second page).</p>	
<p>3. In your opinion, has the use of glasses become necessary as a direct result of the injury?</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>4. If visual acuity is improved by correction, but you do not prescribe glasses, kindly indicate the reason(s).</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>5. Were any operations performed? If so, state nature and result.</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>6. From what date has the employee been fit for his normal work? or On which date is he likely to be fit for his normal work?</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

