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HOUGHTON  
2041

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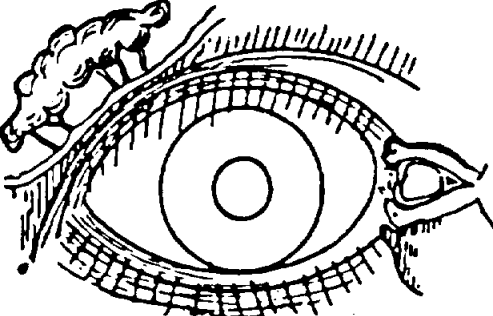
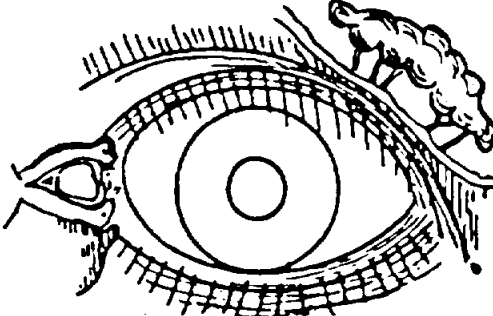
## PROGRESS/FINAL EYE REPORT

(Delete word not applicable)

### 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>   |   |
| <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?<br/>or<br/>On which date is he likely to be fit for his normal work?</p> | <hr/> <hr/> <hr/> <hr/>                                     |

FEDERATED EMPLOYERS' MUTUAL ASSURANCE CO LTD  
1936/008971/06

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