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| Australian Government crest, Department of Veterans' Affairs | Eye Condition(s)Medical Impairment Assessment |
| Veteran |  | UIN |
|  |  |  |
|  |  |  |
| Please assess the following conditions: For this assessment, each condition needs to be assessed in **isolation** from all others. This means that when assessing a condition, you will need to assess the impairment **as though** **only that single condition is present**, and that the veteran is otherwise healthy and normal. |

1. Please describe all of the **signs and symptoms** related to each condition, *in isolation*.

| **Condition** | **Signs and Symptoms** |
| --- | --- |
|  |    |
|  |    |
|  |    |

1. Please record the **corrected** visual acuity.

|  |  |
| --- | --- |
| **Right Eye** | **Left Eye** |
|  |  |

1. Please select the most accurate description of any **visual field defects**.

| **Description** | **Right Eye** | **Left Eye** |
| --- | --- | --- |
| Normal fields. |[ ] [ ]
| Hemianopia (indicate if homonymous, binasal or bitemporal). | ………………………………………. |
| Other visual field loss (please provide % loss). | % | % |

1. Are there any other comments you would like to make regarding the impact of the veteran’s eye conditions?

|  |  |  |  |
| --- | --- | --- | --- |
| Doctor's signature | Doctor's name | Date | Time to complete form |
|  |  |  |  |