State of Rhode Island
Department of Human Services
Office of Rehabilitation Services
40 Fountain Street ~ Providence, RI 02903
401-421-7005 ~ 401-222-3574 FAX ~ RI Relay – 711 ~ Spanish 401-462-7791
www.ors.ri.gov
"Helping individuals with disabilities to choose, find and keep employment"

Eye Examination Report

Patient Name: _____ Social Security: _____
Street Address: _____ City/State/Zip code: _____
Date of Birth (mm/dd/yyyy): _____ Telephone Number: _____
Sex: ☐ Male ☐ Female

Measurements – With Best Correction

Visual Acuity:

Distant Vision:
Right Eye (O.D.): _____
Left Eye (O.S.): _____
Both Eyes (O.U.): _____

Near Vision:
Right Eye (O.D.): _____
Left Eye (O.S.): _____
Both Eyes (O.U.): _____

Intraocular Pressure:

O.D.: _____
O.S.: _____
Method: _____

Fields of Vision:

☐ Normal ☐ Restricted (If restricted, attach copy of formal fields)
If restricted, indicate degree of restriction: O.D. _____ O.S. _____

Cause of Blindness or Severe Visual Impairment

Ocular condition(s) responsible for visual impairment (specify all but list primary cause of visual impairment on the first line):

_____ ☐ OU ☐ OD ☐ OS
_____ ☐ OU ☐ OD ☐ OS
_____ ☐ OU ☐ OD ☐ OS

Etiology (underlying cause) of ocular condition primarily responsible for visual impairment (ex: specific disease, injury, poisoning, heredity, or prenatal influence): _____
_____

History

Probable age at onset of severe visual impairment: _____
Any severe ocular infections or injuries along with age at time of occurrence: _____
_____

Could this condition be hereditary: ☐ Yes ☐ No

Prognosis and Recommendations

Patient's visual impairment is considered to be: ☐ Stable ☐ Deteriorating ☐ Capable of improvement

What treatment, if any, is recommended: _____

_____

Would patient benefit from a low vision evaluation: ☐ Yes ☐ No

Corrective lens prescription:

O.D.: Sph: _____ Cyl: _____ Axis: _____

O.S.: Sph: _____ Cyl: _____ Axis: _____

Additional: _____

_____

Examiner Name (please print or type): _____ ☐ MD ☐ DO ☐ OD

_____ _____

Signature of Examiner Date (mm/dd/yyyy)