



Veteran

UIN

Insert 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

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

Right Eye	Left Eye

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

Description	Right Eye	Left Eye
Normal fields.	<input type="checkbox"/>	<input type="checkbox"/>
Hemianopia (indicate if homonymous, binasal or bitemporal).	
Other visual field loss (please provide % loss).	%	%

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

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