Workers' Compensation Board of Nova Scotia

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Eye Injury Report

Form 56:05/2002

This form must be completed by an eye specialist. The completed form must by signed and dated by the specialist, and returned directly to the WCB. If you have any questions about this form, please contact the WCB. Please attach additional pages, if necessary.

WCB use only

Claim Number:

Date of Accident:

Worker's Last Name _____ Given Name _____

NS Health Card Number _____ Date of Birth (D/M/Y) _____

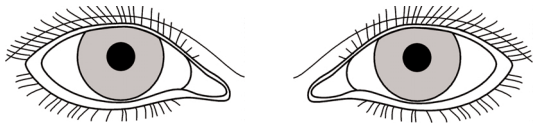
1. What is the worker's injury/concern? Indicate such symptoms as impaired vision, pain, intolerance to light, double vision, etc.

2. Describe present condition of eye(s), noting any abnormalities of the lid, eyeball, cornea, pupil, vitreous, retina, papilla, etc. Mark the site of any injury on the diagram at the right.

3. Give vision remaining in right eye: Give vision remaining in left eye:

- Without correction: _____ Without correction: _____
- With correction: _____ With correction: _____

Use this diagram to indicate the site and extent of any lesions present.



Right Eye Left Eye

4. How does the present condition affect the usefulness of the eye(s)?

5 What further improvement, if any, do you expect?

6. Can anything be done to remedy or improve the condition? If so, what do you recommend?

7. As far as you can ascertain, was the eye normal prior to the injury? If not, give details.

8. Any further explanation or comment?

Attending Specialist (please print) _____ Signature _____ Date _____