OFFSHORE *medicals*

Personal Eye Assessment Data

To Optometrist

The below-named works as a crane operator on offshore installations in the energy industry.
Please record his/her distance visual acuity as 'Snellen equivalent' in the table below.

Patient Details

Name	Date of Birth
Identity document (Passport / Driving license)	Number of document

Visual Acuity

Visual Acuity on [insert date.....]			
	Left Eye	Right Eye	Binocular
Uncorrected			
Corrected (if applicable)			

Does the examinee have any indication of diplopia, visual field defect, or problem with depth perception? Yes / No (if 'yes', please give brief further details below)

Examiner Details

Signature	Date

Please do not email - this form must be uploaded after booking an appointment