

Dear Optician,

Name of crane operator:

Date of Birth:

The above-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, following the example provided

Example:

| Visual Acuity | | | |
|---------------------------|----------|-----------|-----------|
| | Left Eye | Right Eye | Binocular |
| Uncorrected | 6/12 | 6/18 | 6/12 |
| Corrected (if applicable) | 6/6 | 6/6 | 6/6 |

Examinee

| 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)

Details:

| |
|--------------------------|
| Date of report: |
| Completed by (optician): |
| Signature/Stamp: |

Please return to info@scottishmedical.co.uk

If you require payment, this is the sole responsibility of the client/crane operator.