

POLIKLINIK PENAWAR

EYE EXAMINATION REPORT

NAME : _____

IC NUMBER : _____

COMPANY : _____

1. VISION TEST	SNELLAN CHART
RIGHT	
LEFT	

	NORMAL	ABNORMAL	COMMENT
2. COLOUR BLINDNESS (USING ISIHARA CHART)			
3. FUNDUSCOPY :			
PUPILS			
LENS			
RETINA			

Conclusion / Suggestion :

.....
Signature Of Physician / Doctor

.....
Date

Name And Qualification Of Physician
/ Doctor

Address Of The Physician /
Doctor
