

ATTENDING OPHTHALMOLOGIST'S STATEMENT

I, Dr., MD., holding the License to Practice Medicine No.:,
Being a house-physician at the medical establishment named
located at No. Road:, District:, Province
have examined the eyes of....., Ageyears,
Identification CardNo.
Eye examination Date:.....Month:.....Year:.....at.....hours

Eye Examination Result

1. Loss of sight in any eye, with total blindness or not?.....
- 2.

Eye Examination Result	Right Eye (ตาขวา)	Left Eye (ตาซ้าย)
Visual Acuity (ระดับสายตา)		
Anterior Chamber (ส่วนหน้าของตา)		
Lens (เลนส์แก้วตา)		
Eye Pressure (ความดันตา)		
Optic Nerve (ประสาทตา)		
Eye Examination Result	Right Eye (ตาขวา) while wearing glasses	Left Eye (ตาซ้าย) while wearing glasses
Visual Acuity (ระดับสายตา)		

3. Diagnosis.....
4. Eye disorder that causes the loss of sight
5. Is there any chance of correcting and restoring the sight?
6. In the blind eye, can the function of the retina be restored to sight?
7. Do you think that the loss of eye(s) of this examined person is likely to be caused by a disease, an accident, an eye dysfunction or any other cause?.....
8. Other findings than the above-mentioned:
9. information seen to be notified by the examining physician:
10. For this patient, your assessment of his/her total blindness was done on the date of.....
11. Blood alcohol test result:

Signed:.....

Examined Person

Signed:.....

Examining Physician

Date:.....

Date:.....

Note: The examined person must present an identification card with a photo on it and issued by the official such as Thai national ID card, government official card, driving license, pass port, or alien registration/identification card, to the attending physician.

Group Insurance