

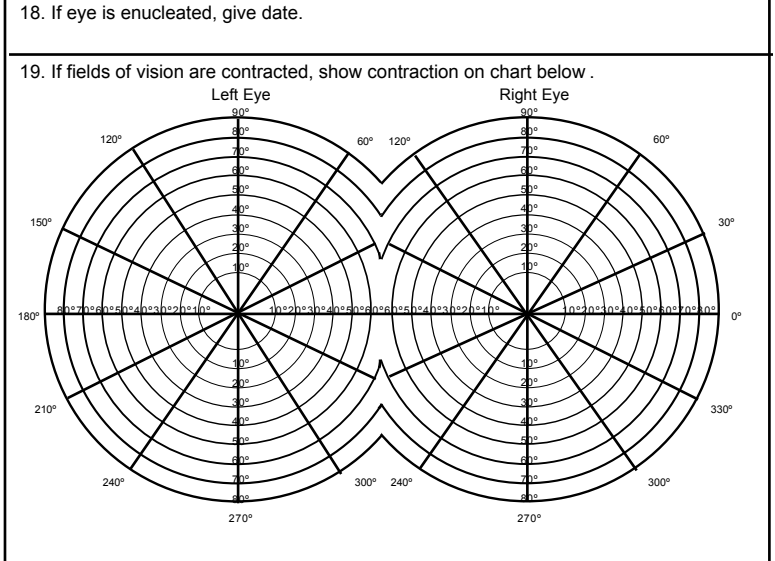
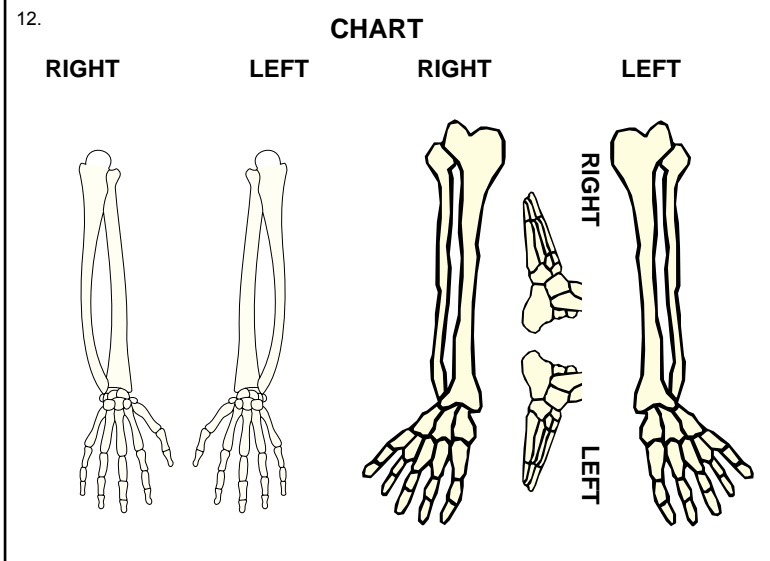
Part C - Physician's Statement

1. Name of patient	2. Date of Birth (mm/dd/yyyy)
3. Date of accident (mm/dd/yyyy)	4. Date first consulted because of this injury (mm/dd/yyyy)
5. Date of last treatment (mm/dd/yyyy)	

6. Describe the exact nature, location, and extent of all injuries sustained. (Attach all medical reports relevant to the treatment of the injury)

7. Were the injuries described solely responsible for the loss of limb or eyesight? YES NO → Give the particulars of any cause or causes (including disease) which contributed to the loss, in the space to the left. (Explain on a separate sheet if necessary)

Complete for Limb Amputations Only	Complete for Loss of Vision Only																								
8. Which limbs were severed or amputated?	13. Give the date of exam and vision before the accident.																								
9. On what date(s) did the severances or amputations occur?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">Uncorrected</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">Corrected</td> </tr> <tr> <td>Date: (mm/dd/yyyy)</td> <td>(Snellen Notations)</td> <td>Right eye</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Left eye</td> <td></td> <td></td> <td></td> </tr> </table>				Uncorrected		Corrected	Date: (mm/dd/yyyy)	(Snellen Notations)	Right eye						Left eye									
			Uncorrected		Corrected																				
Date: (mm/dd/yyyy)	(Snellen Notations)	Right eye																							
		Left eye																							
10. State the exact point where the amputation was performed or where the severance occurred for each limb lost. If the severance or amputation was below the elbow or knee joint, indicate in item 12 on the chart below the exact point of severance.	14. State the loss of vision.																								
	15. Give the date you first determined vision was irrecoverably reduced to 20/200 (Snellen Notation) or less with correction, and the vision remaining in each eye on that date.																								
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Date: (mm/dd/yyyy)	(Snellen Notations)	Right eye																							
		Left eye																							
11. Reason for amputation(s)?	16. Give the date and vision found on last eye examination.																								
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		Left eye																							
	17. Is recovery of useful vision possible by operation or treatment?																								
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Right eye	Operation	Yes	No	Treatment	Yes	No																			
Left eye	Operation			Treatment																					



I certify that all of my statements are true to the best of my knowledge and belief.		Office address - number and street	
Physician's Signature	Date (mm/dd/yyyy)	City, state and ZIP code	
Physician's Name (type or print)	Telephone number () Area code	Fax number () Area code	