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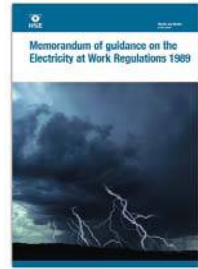






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THE VISUAL REPORT IS AN INSTRUMENTAL VISUAL ASSESSMENT it does <b>NOT</b> provide a visual diagnosis.		DOMESTIC VISUAL CONDITION REPORT		DV1582
<b>NAME OF THE VISITING OPTOMETRIST</b>		<b>PROFESSIONAL CLINICAL CONDITION OF THE INSPECTION</b>		Original / Reprint/Retest
Name	Address	Visual Acuity	Visual Field	
<b>IDENTIFICATION OF CONTACTS</b>		<b>ANALYSIS</b>		
Name	Address	During the visual examination, the following were noted: (The optometrist should describe the visual condition of the patient, including the visual acuity, visual field, and any other visual findings. The optometrist should also describe any visual aids used during the examination.)		
<b>RECOMMENDATIONS AND RECOMMENDATIONS FOR ACTION TO BE TAKEN</b>		<b>NOTES</b>		
Reference to be attached to back of report (if any)	Time and date of examination	Time and date of re-examination (if any)	Time and date of next visit (if any)	
1				
Report made by (Name, Address and Phone Number)		Report made by (Name, Address and Phone Number)		
Signature (Print Name)		Signature (Print Name)		
Date		Date		
Print Name		Print Name		
Address		Address		
Phone Number		Phone Number		

Note: This report is intended for use by the patient and is not a medical prescription. It is not intended to be used as a substitute for a medical prescription. © Copyright The National College of Optometrists 2015. Page 1 of 1









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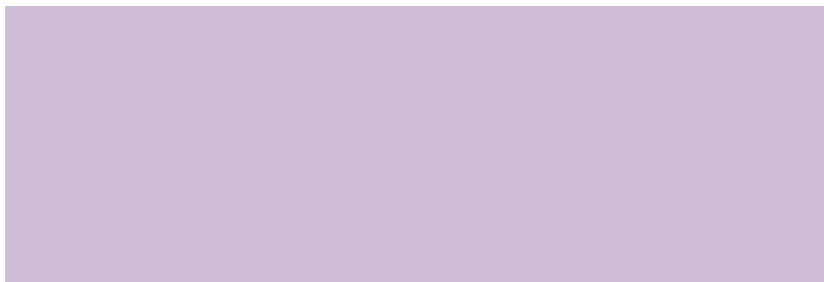


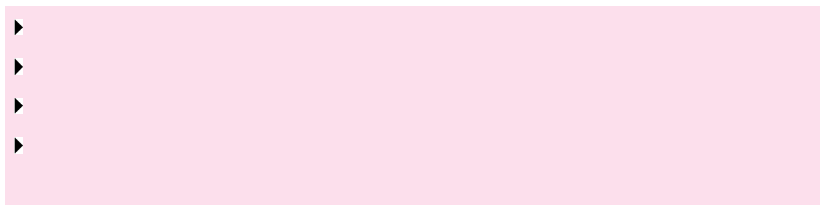
A screenshot of a 'GENETIC RISK FACTOR REPORT' form. The form is titled 'GENETIC RISK FACTOR REPORT' and includes sections for 'PATIENT INFORMATION', 'TEST INFORMATION', 'RESULTS', and 'DISCUSSION'. The 'RESULTS' section contains a table with columns for 'Gene', 'Variant', 'Frequency', and 'Risk'. The 'DISCUSSION' section contains a paragraph of text. The form is presented as a screenshot of a digital document.











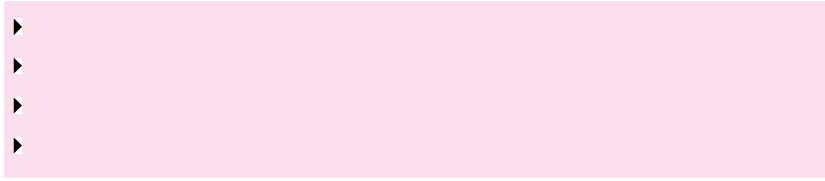




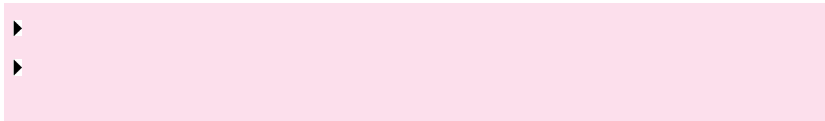












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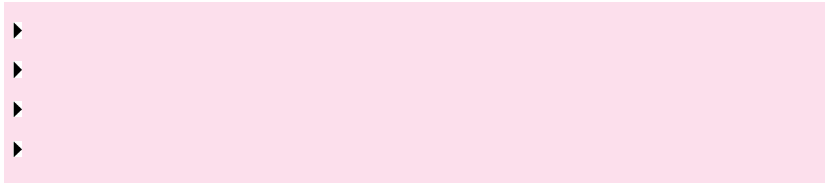


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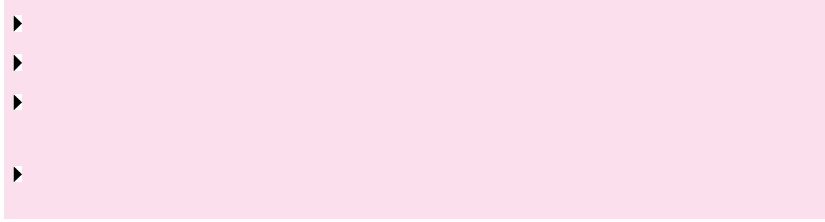














## Recommended frequency of inspection and tests for electrical equipment in rented accommodation when provided by the landlord

Type of equipment	User checks Note (1)	Class I		Class II	
		Formal visual inspection Note (2) Months	Combined inspection and testing Note (3) Months	Formal visual inspection Note (2) Months	Combined inspection and testing Note (3) Months
Battery operated (less than 20V)	None	None	None	None	None
Extra-low voltage: (less than 50 V a.c.) eg telephone equipment, low voltage desk lights	None	None	None	None	None
Stationary equipment	None	24	48(4)	24	None
Information technology equipment	None	24	48 (4)	24	None
Movable equipment	Weekly	12	24	24	None
Portable equipment	Weekly	12	24	24	None
Hand-held equipment	Before use	6	12	6	None
Cables (leads) and plugs connected to the above equipment. (2) Extension leads	Before use	6-24 months depending upon the type of equipment to which it is connected	12-48 (4) months depending upon the type of equipment to which it is connected	6-24 months depending upon the type of equipment to which it is connected	12-48 (4) months depending upon the type of equipment to which it is connected (limited test)





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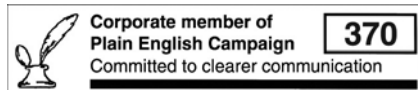




**The Electrical Safety Council**

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*Registered Charity No. 257376*



The Electrical Safety Council is an independent charity committed to reducing deaths and injuries through electrical accidents at home and at work.

