ARGONNE NATIONAL LABORATORY
**HEALTH DIVISION**

**SPECIAL EYE EXAMINATION SHEET**

| Name—Last | First | Middle | Payroll No. |
|---|---|---|---|
| Date | | Division or Group | |

**HISTORY** **AGE**

**TENSION**

| | 5.5 | 7.5 | 10.0 |
|---|---|---|---|
| R | | | |
| L | | | |

**DRUGS**

Dilatation:

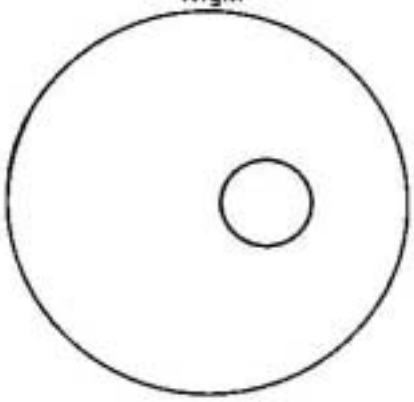
Miotic:

**EXAMINATION**

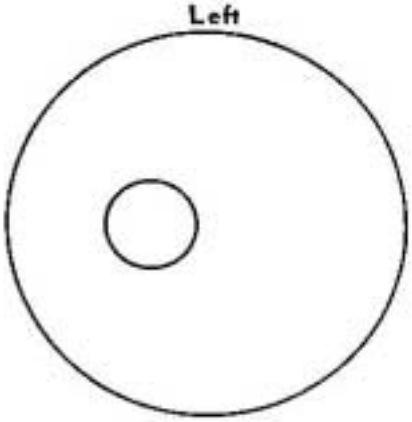
LIDS, CORNEAS & SCLERAE

**FUNDUSCOPY**

Right

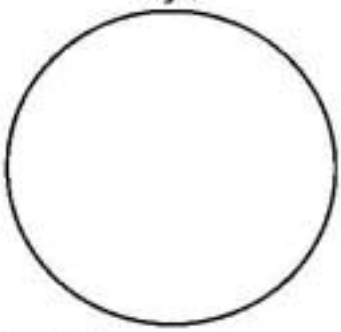


Left



**LENS:**

Right



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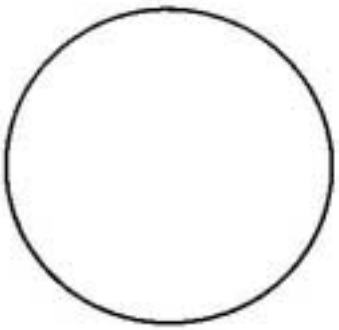

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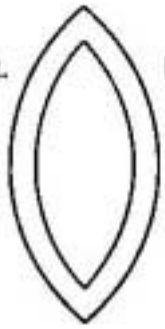

**IMPRESSION**

HD 21 (2-68)

_____ M.D.