## STATE OF MISSOURI
### OFFICE OF ADMINISTRATION
#### RISK MANAGEMENT SECTION

**EYEGASSES REPORT**

<table>
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<tr>
<th>EMPLOYEE NAME</th>
<th>INJURY CASE NO.</th>
<th>DATE OF INJURY</th>
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**EMPLOYER**

|                   |               |               |
|                   |               |               |

This office has received a report of damage to this employee's eyeglasses. To facilitate our consideration of any expenses, the employee, a witness, supervisor and eye doctor or place of optometry should complete and return this form within fourteen days.

### EMPLOYEE

1. **WHAT WERE YOU DOING AT THE TIME OF THE ACCIDENT?**

2. **WHERE WERE YOU AT THE TIME OF THE ACCIDENT?**

3. **DESCRIBE THE ACCIDENT**

4. **DESCRIBE THE DAMAGE TO YOUR EYEGASSES**

5. **WERE THE GLASSES BEING WORN ON YOUR FACE AT THE TIME OF THE ACCIDENT?**
   - [ ] YES
   - [ ] NO

6. **WHAT WAS THE ORIGINAL COST OF YOUR EYEGASSES?**
   **WHERE PURCHASED**

7. **WERE YOU PERSONALLY INJURED?**
   - [ ] YES
   - [ ] NO

8. **WERE THERE ANY WITNESSES?**
   - [ ] YES
   - [ ] NO

9. **DO YOUR PRESENT GLASSES CONTAIN**
   - [ ] TINT
   - [ ] BIFOCAL OR TRIFOCAL LENSES
   - [ ] ANTI-SCRATCH COATING
   - [ ] PLASTIC LENSES
   - [ ] GLASS LENSES
   - [ ] ULTRAVIOLET PROTECTION

10. **HOW OLD ARE YOUR PRESENT GLASSES?**
    **ARE YOUR GLASSES COVERED BY ANY WARRANTIES?**
    - [ ] YES
    - [ ] NO

### WITNESS

**DESCRIBE THE ACCIDENT AND TELL WHAT DAMAGE WAS DONE TO THE GLASSES**

**WITNESS SIGNATURE**

**DATE**

### SUPERVISOR

**PLEASE REVIEW AND VERIFY EMPLOYEE'S STATEMENT. ADD ANY COMMENTS**

**SUPERVISOR'S SIGNATURE**

**DATE**

### DOCTOR'S STATEMENT

1. **DESCRIBE THE DAMAGE TO THE GLASSES**

2. **APPROXIMATE COST OF THE PRESENT GLASSES**

3. **CAN PRESENT GLASSES BE REPAIRED?**
   - [ ] YES
   - [ ] NO

4. **APPROXIMATE COST OF THE REPAIRS**

5. **IF REPAIRS CANNOT BE MADE, CAN A PAIR OF EQUAL VALUE BE PROVIDED?**

**DOCTOR'S SIGNATURE**

**DATE**

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MO 300-0650N (2-97)