

C. MANIPULATIVE LIMITATIONS

None established. (Proceed to section D.)

- | | LIMITED | UNLIMITED |
|---|----------------------------|--------------------------|
| 1. Reaching all directions (including overhead) _____ | > <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Handling (gross manipulation) _____ | > <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Fingering (fine manipulation) _____ | > <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Feeling (skin receptors) _____ | > <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Describe how the activities checked "limited" are impaired. Also, explain how and why the evidence supports your conclusions in item 1 through 4. Cite the specific facts upon which your conclusions are based. | | |

D. VISUAL LIMITATIONS

None established. (Proceed to section E.)

- | | LIMITED | UNLIMITED |
|---|----------------------------|--------------------------|
| 1. Near acuity _____ | > <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Far acuity _____ | > <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Depth perception _____ | > <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Accommodation _____ | > <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Color vision _____ | > <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Field of vision _____ | > <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Describe how the faculties checked "limited" are impaired. Also explain how and why the evidence supports your conclusions in item 1 through 6. Cite the specific facts upon which your conclusions are based. | | |