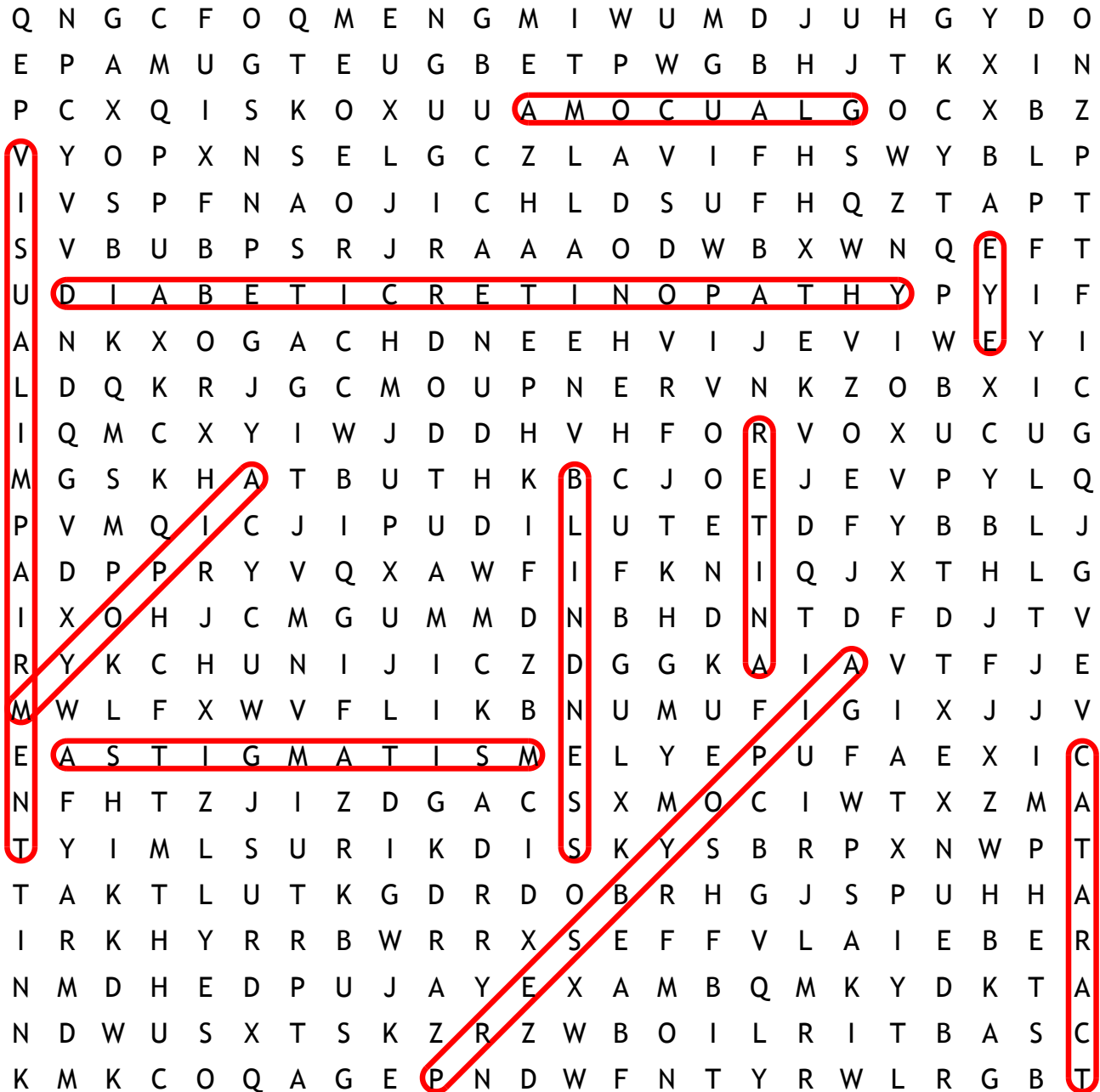


Name: _____

Date: _____

Visual Impairment



diabetic retinopathy

visual impairment

astigmatism

presbyopia

blindness

cataract

glaucoma

retina

myopia

eye