

10. Likely etiology of conjunctivitis or keratitis
(check all that apply for each eye)

- | | Right | Left |
|---|-------|-------|
| a. Viral (<i>specify</i>): | (1) | (1) |
| _____ | | |
| specify virus | | |
| b. Bacterial (<i>specify</i>): | (1) | (1) |
| _____ | | |
| specify bacterium | | |
| c. Microsporidial: | (1) | (1) |
| d. Fungal (<i>specify</i>): | (1) | (1) |
| _____ | | |
| specify fungus | | |
| e. Allergy (<i>specify</i>): | (1) | (1) |
| _____ | | |
| specify allergy | | |
| f. Toxicity (<i>specify</i>): | (1) | (1) |
| _____ | | |
| specify toxicity | | |
| g. Medicamentosa (<i>specify</i>): | (1) | (1) |
| _____ | | |
| specify medicamentosa | | |
| h. Don't know: | (1) | (1) |
| i. Not applicable: | (N) | (N) |

11. Culture results:

- | | Right | Left |
|-----------------------------------|-------|-------|
| Positive (<i>specify</i>): | (1) | (1) |
| _____ | | |
| right eye, specify organism | | |
| _____ | | |
| left eye, specify organism | | |
| Negative | (2) | (2) |
| Not done | (3) | (3) |
| Don't know | (9) | (9) |
| Not applicable | (N) | (N) |

C. Administrative information

- 12. Date form reviewed:**
 _____ - _____ - _____
 day month year
- 13. Ophthalmologist ID:** _____
- 14. Ophthalmologist signature:**

- 15. Clinic coordinator ID:** _____
- 16. Clinic coordinator signature:**
