

CERTIFICATION FOR VISUAL DISABILITY BY EYE CARE PROFESSIONAL

Full name: _____ Age: _____ Sex: M F Date of Exam: _____

Instructions	Visual Acuity	Right	Left	Binocular
Use a Snellen Chart or Equivalent and obtain Visual Acuity at the Standard Testing Distance of your device.	Uncorrected Distance (UCVA)*			
Check Visual Acuity with Spectacles or Refraction.	Best Corrected Distance (BCVA)*			
Check Visual Acuity at Near using a Jaeger Chart or equivalent.	Uncorrected Near (UNVA)			
Check Visual Acuity at Near with Spectacles or Refraction and the age appropriate add if >40 years old.	Best Corrected Near (CNVA)			
Use a Perimeter to determine limitation of Visual Field. Describe results and attach a copy if performed. Put N/A if not done or not available.	Visual Field Exam Results			
Diagnosis or Eye Condition causing Impairment.	Reason for Visual Impairment			
Assessment				
Degree of Impairment based on DOH AO 2009-0011.	BCVA 6/60 or worse in better eye	VF <20 degrees wide from fixation in the better eye	BCVA <6/18 in the better eye	Indicate below if the Impairment is Remediable.
Assessment is based on binocular vision and the condition of the better eye. Encircle Condition that fits the Definition above.	[] Blind [] Not applicable	[] Blind [] Not applicable	Low Vision [] Not applicable	Irremediable/ Permanent
Recommended Treatment if the condition is remediable or temporary.				Remediable/ Temporary

Use Metric Notation for Snellen Acuity.	
If:	Use:
10/200	3/60
20/200	6/60
20/100	6/30
20/70	6/21
20/60	6/18
20/50	6/15
20/40	6/12
20/30	6/9
20/25	6/7.5
20/20	6/6

I, _____, dutifully declare that I have examined this individual and attest to the veracity of my findings above as of the date of my examination.

Signature/Date Signed
PRC No. _____ PTR _____

Clinic/Institution: _____
Address: _____

Contact Nos: _____
Email: _____@_____