

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 or not
Assessment is based on binocular vision and the condition of the better eye. Encircle Condition that fits the Definition above.	Blind	Blind	Low Vision	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
20/50	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 _____