



Visual Acuity Verification Form

INSTRUCTIONS

THIS IS AN OPTIONAL FORM. An ophthalmologist, optometrist, or medical doctor (for code "FDB", see below) may use this form to provide an acceptable clarification of an eye/medical report for the purpose of the *Registration of Legally Blind Students for Federal Quota Funds* maintained by the American Printing House for the Blind. To be eligible, a current eye/medical report (within the past three years) must be available to the school, family, or agency (see exemption below).

Return completed form to **Gabrielle Borders**, 3815 Magnolia Ave, St. Louis, MO 63110, Gabrielle.Borders@msb.dese.mo.gov
 Phone: 314-633-1551

STUDENT INFORMATION

STUDENT NAME	DATE OF BIRTH
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SNELLEN NOTATION OF MEASURED DISTANCE VISUAL ACUITY WITH CORRECTION

The Federal standard for legal blindness is 20/200 or worse in the best-corrected eye based on the Snellen Chart. If the eye measurements are determined on an eye chart other than Snellen and measure in the range of 20/101 to 20/199, list the acuities since this student may be considered legally blind.	<i>O.D. (right eye)</i>	<i>O.S. (left eye)</i>	<i>O.U. (both eyes)</i>

VISUAL FIELD OF 20 DEGREES OR LESS

If the student has a restricted visual field of 20 degrees or less, please report it.	<i>O.D. (right eye)</i>	<i>O.S. (left eye)</i>	Description Enter degrees of visual field restriction (e.g., VF 20, VF 15, etc.)
	VF ____	VF ____	

DEGREE OF VISION IF SNELLEN DISTANCE ACUITY CANNOT BE DETERMINED

If distance acuity cannot be determined, characterize degree of vision for each eye by circling the most appropriate code listed below.

<i>O.D. (right eye)</i>	<i>O.S. (left eye)</i>	<i>Description</i>
CF	CF	Counts Fingers
FDB	FDB	"Functions at the Definition of Blindness" (FDB): use when visual function is reduced by a brain injury or dysfunction and visual acuity is not possible to determine using the Snellen Chart. Students in this category may manifest unique visual characteristics often found in conditions referred to as neurological, cortical, or cerebral visual impairment (CVI). This code can be used for students with CVI if the eye care specialist or medical doctor indicates legal blindness is due to CVI.
HM	HM	Hand Movement
OP	OP	Object Perception
LP	LP	Light Perception
NIL	NIL	Totally Blind

EXEMPTION FROM REQUIREMENT OF EYE REPORT EVERY THREE YEARS

A reasonable exception from the current eye report (within three years) regulation will be made for persons who are totally blind, whose eyes have been enucleated, or who have a proven, non-changing eye condition.

Does this student have a proven, non-changing eye condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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AUTHORIZED PHYSICIAN'S SIGNATURE	DATE SIGNED	EXAM DATE
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