

Attachment C

CONFIRMATION OF LEGAL BLINDNESS

The federal definition of "blindness" under Title XVI of the Social Security Act currently states:

(2) "An individual shall be considered to be blind for purposes of this title if he has central visual acuity of 20/200 or less in the better eye with the use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered for purposes of the first sentence of this subsection as having a central visual acuity of 20/200 or less." http://www.ssa.gov/OP_Home/ssact/title16b/1614.htm

Translation: If you wear your glasses or contacts (or both) and then are measured on an eye chart as seeing 20/200 or less, or if the width of vision for both your eyes totals an arc of 20 degrees or less, you are legally blind according to this federal definition.

CONSUMER / CLIENT / PATIENT:

Name: _____ Date of Birth: _____
Address: _____

Best corrected vision:

OD (right eye) _____ OS (left eye) _____ OU (both eyes) _____

Width of Visual Field (in degrees): _____

Specific eye condition(s): _____

CERTIFYING AUTHORITY:

I certify that _____ is legally blind in both eyes as specified in the federal definition quoted above.

(Signed) _____ (Date) _____

_____. (Title) _____

Please attach your business card OR print/type your name, profession, and address here: _____