

# CONFIRMATION OF LEGAL BLINDNESS

URL to download form: [www.nfb.org/scholarships](http://www.nfb.org/scholarships).

Confirmation of legal blindness is required for special consideration or disability services from the IRS, Social Security, and other federal, state, and private organizations. The federal government defines blindness as follows:

[T]he term "blindness" means 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 in this paragraph as having a central visual acuity of 20/200 or less.

Social Security Act: 42 U.S.C. § 416(i)(1)(B) (Supp. IV 1986).<sup>[1]</sup>

Translation: A person is considered legally blind if the vision in the right eye and the left eye (both eyes) is 20/200 or less when wearing glasses or contacts or both, or if the field of vision for both eyes together is 20 degrees or less.

## Consumer/Client/Patient:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address:

Best corrected vision: OD (Right Eye): \_\_\_\_\_. OS (Left Eye): \_\_\_\_\_.

OU (Both Eyes): \_\_\_\_\_.

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: