

# The Commonwealth of Massachusetts

Commission for the Blind  
48 Boylston Street, Boston, MA 02116-4718  
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## MANDATORY REPORT OF LEGAL BLINDNESS

The Massachusetts Commission for the Blind is required by law to maintain a register of the blind in the Commonwealth. Under Chapter 6 – Sec. 136 of the General Laws, institutions, physicians, oculists, and optometrists are required to report within 30 days all cases of legal blindness.

### PATIENT INFORMATION

Name \_\_\_\_\_  
First Middle Last Sex Social Security Number

Address \_\_\_\_\_  
Number & Street City/Town State Zip Code Telephone No.

Date of Birth \_\_\_\_\_ Age at Onset RE \_\_\_\_\_ LE \_\_\_\_\_ Race \_\_\_\_\_ Marital Status \_\_\_\_\_

Parent/Guardian (if applicable) \_\_\_\_\_  
Name Telephone No.

Address (if different than patient) \_\_\_\_\_

### VISUAL ACUITY WITH BEST CORRECTION Use Snellen notations in recording vision (20/200, 5/200, etc.)

R.E. \_\_\_\_\_  
Distant vision with best correction

L.E. \_\_\_\_\_  
Distant vision with best correction

\*FIELD OF VISION If restriction is indicated, record test results on reserve side of form.

### CAUSE OF BLINDNESS If injury, disease or poisoning indicate specific type.

Diagnosis R.E. \_\_\_\_\_  
L.E. \_\_\_\_\_

Etiology R.E. \_\_\_\_\_  
L.E. \_\_\_\_\_

Is there a secondary disability? If so, specify. \_\_\_\_\_ Diabetes? Yes No

Is low vision aid evaluation recommended? \_\_\_\_\_

PROGNOSIS \_\_\_\_\_

RECOMMENDATION/REMARKS \_\_\_\_\_

Date of Examination \_\_\_\_\_ Signature and Discipline of Examiner \_\_\_\_\_

Date of Report \_\_\_\_\_ Please Print Name of Examiner \_\_\_\_\_

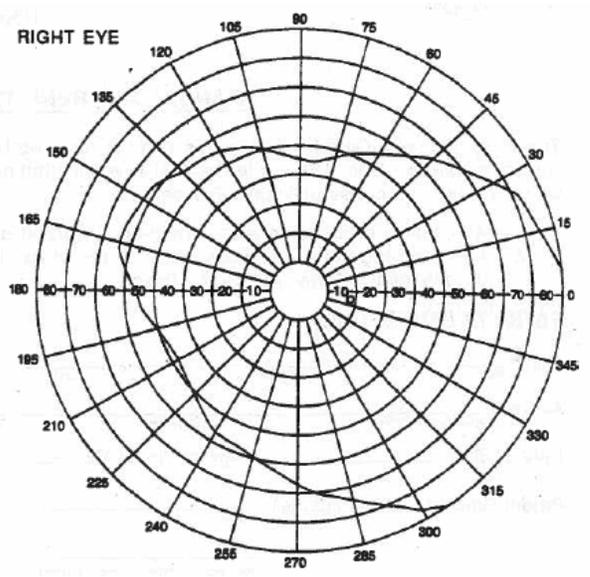
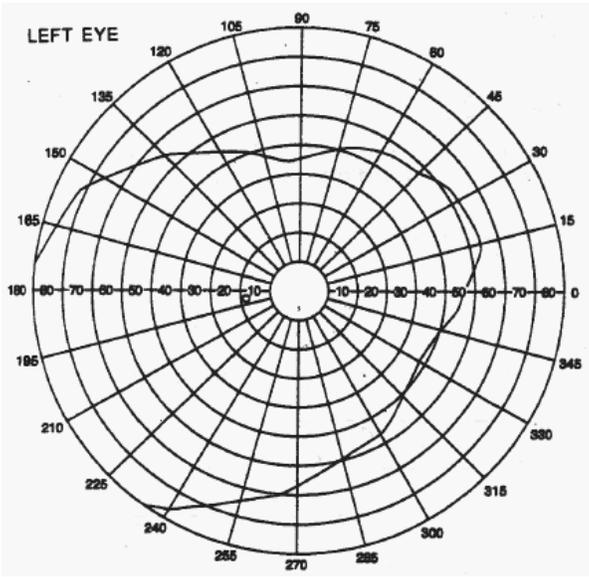
\*PLEASE TURN OVER FOR FIELD CHARTS

Number & Street \_\_\_\_\_

City/Town \_\_\_\_\_ Telephone No. \_\_\_\_\_

Revised 1/96

**FIELD OF VISION** Determine extent of peripheral vision field of each eye on a standard perimeter with a radius of 13 inches and a white test object 6mm. in diameter. The test object should be of such size that it subtends an angle of approximately one degree. Record results on chart below.



REMARKS: \_\_\_\_\_

\_\_\_\_\_

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