MCB
Massachusetts Commission for the Blind

600 Washington Street
Boston, MA 02111
(617) 727-5550
1-800-392-6450
FAX (617) 350-7959

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.

1. All cases where vision with correction is 20/200 or less in the better eye.
2. All cases regardless of visual acuity if the visual field is reduced to a radius of 10° or less.

PATIENT INFORMATION

Name _____ / / _____
First Middle Last Sex Social Security Number

Address _____ MA _____
Number & Street City/Town State Zip Code Telephone No.

Date of Birth ____/____/____ Age at Onset RE____ LE ____ Race _____ Marital Status _____

Patient's Email Address _____ Prior Military Service? Yes No

Parent/Guardian (if applicable) _____
Name Address (if different than patient) Telephone No.

*VISUAL ACUITY WITH BEST CORRECTION *Use Snellen Chart Notations in recording vision (20/200, 5/200, etc.)

* For visual acuity reporting, **Snellen Chart Notation** must be used and must indicate that the vision is 20/200 or less in order to establish legal blindness. However, test charts, such as the Bailey-Lovie or the Early Treatment Diabetic Retinopathy Study (ETDRS), may be used that have lines that measure visual acuity between 20/100 and 20/200. The results should be converted into Snellen notation and reported as follows.

*If a person's visual acuity is measured with one of the newer charts, and they cannot read any of the letters on the 20/100 line, they will qualify as legally blind, based on a visual acuity of 20/200 or less. Regardless of the type of test chart used, the person will not be classified as legally blind if they can read at least one letter on the 20/100 line. For example, if a person's best-corrected visual acuity for distance in the better eye was determined to be 20/125+1 using an ETDRS chart, they would not be classified as legally blind because they were able to read one letter on the 20/100 line. **If acuity testing is problematic due to a vision condition such as cortical visual impairment, please answer the optional question below.**

Standard acuity testing is impossible or unreliable and, in my medical opinion, the functional vision is at the level of legal blindness as defined above? Yes No

R.E. _____
Distant vision with best correction

L.E. _____
Distant vision with best correction

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 _____

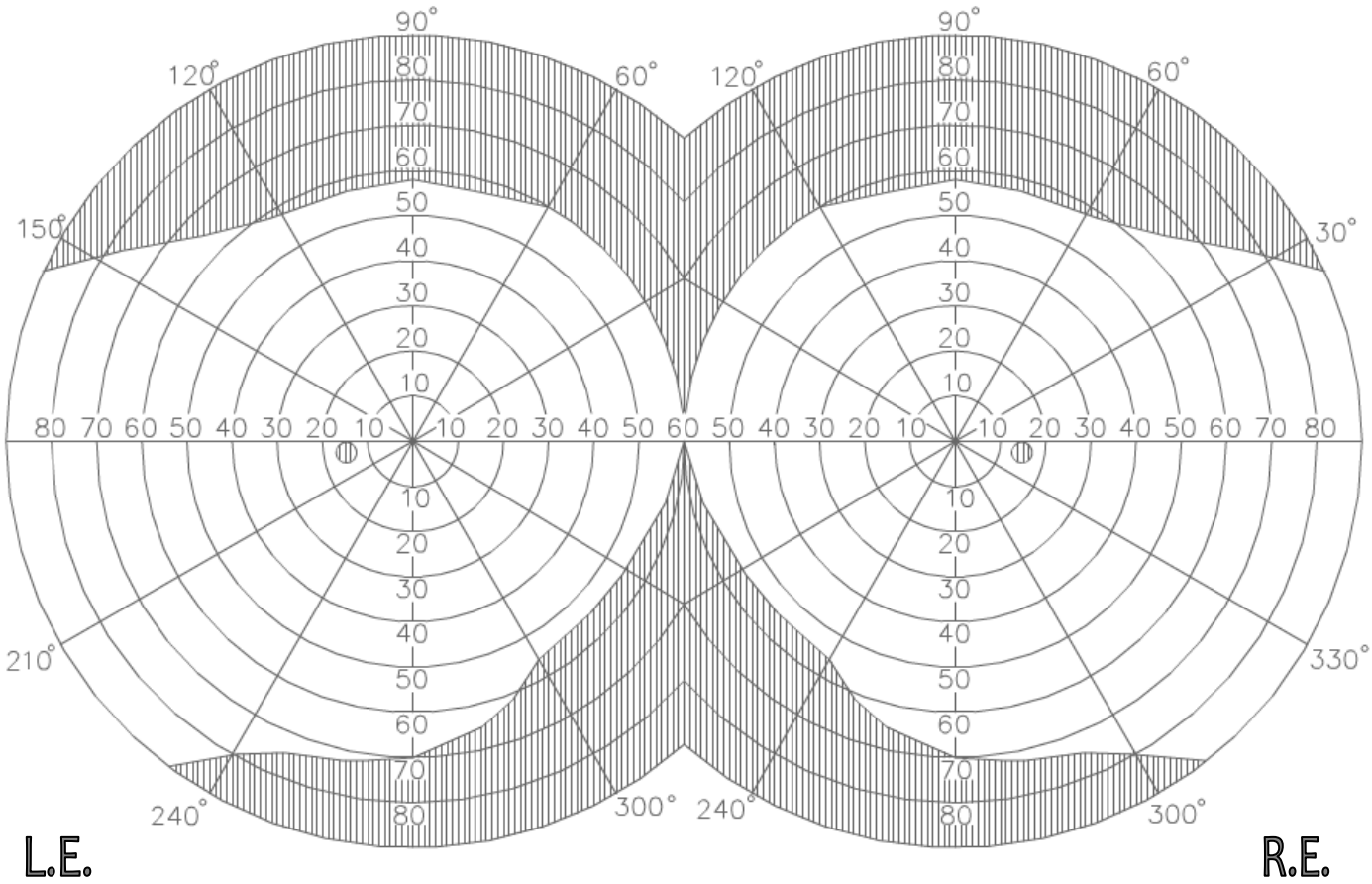
RECOMMENDATIONS/REMARKS _____

**PLEASE TURN OVER FOR FIELD CHARTS

****FIELD OF VISION**

Determine extent of peripheral visual field of each eye. Record results on chart below or attach automated visual field charts.
**For visual field testing, the following measurements can be used:

- Automated static threshold perimetry (Humphrey 30-2 and 24-2) a. For Humphrey Field Analyzers, a 10dB stimulus is equivalent to a 4e stimulus. A dB level that is higher than 10 represents a dimmer stimulus, while a dB level that is lower than 10 represents a brighter stimulus. Therefore, for automated static threshold tests performed on Humphrey Field Analyzers, any point seen at 10dB or higher are a point that would be seen with a 4e stimulus
- Kinetic perimetry, such as the Humphrey "SSA Test Kinetic" a. The kinetic test must use a white III4e stimulus projected on a white 31.5 apostilb (10 cd/m2) background
- Goldmann perimetry - With a III4e target
- Confrontation testing



L.E. R.E.

REMARKS:_____

_____

Date of examination ____/____/____

Signature and discipline of examiner

Date of report ____/____/____

Please print name of examiner

Check box if you would like to enroll to send eye reports online. ☐

Email address (Optional)

Number & Street

City/Town Telephone No.

Revised 01/16