

This form must be completed by your primary eyecare doctor soon after your eye examination. When completed, return it to Guide Dogs of The Desert to continue the processing your application.



P.O. Box 1692, Palm Springs, CA. 92263
 Phone: 760-329-6257 Fax: 760-329-2866
 Email: admissions@gddca.org

OPHTHALMOLOGIST / OPTOMETRIST REPORT

Attention Doctor: Your patient has applied for a guide dog to enhance his/her mobility and independence. Your information will help us determine their qualification for our program and how best to provide your patient with the training and instruction most suited to their needs. Thank you for your assistance.

Applicant's name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Date of Birth: _____

Details of Blindness: Is Applicant legally blind?* Yes No Date of last examination: _____

****See Visual impairment/CDC/Social Security definitions on reverse side of this page****

Cause of vision loss:	Primary	Secondary
OD	_____	_____
OS	_____	_____

Is Applicant's vision loss:
 Progressive _____ Stable _____ Likely to improve _____ Uncertain _____

In what year did blindness occur? _____ How long have you attended this patient? _____

Visual Acuity

With correction:	OD _____	OS _____	OU _____
Uncorrected:	OD _____	OS _____	OU _____

Visual Fields (please attach if tested)

Central:	OD _____	OS _____	OU _____
Peripheral:	OD _____	OS _____	OU _____

Please describe residual vision:

	No light perception	Light perception	Gross movement	Count fingers	Read with lens
OD	_____	_____	_____	_____	_____
OS	_____	_____	_____	_____	_____

Please list any ocular medications: _____

Comments: _____
Date of exam on which report is based: _____

Physician's Signature
 Doctor's name: _____
Please print
 Telephone: (____) _____

Hospital / Clinic Stamp



P.O. Box 1692, Palm Springs, CA. 92263
Phone: 760-329-6257 Fax: 760-329-2866
Email: admissions@gddca.org

Vision Impairment and Blindness

Vision impairment is generally determined by measuring the best-corrected visual acuity of the better-seeing eye. This includes the measurement of visual acuity at a distance of 20 feet using the standardized Snellen Eye Chart.

20/200 or worse (severe Visual Impairment and considered “legally” blind)

Legal blindness* is defined by the US government (to determine eligibility for vocational training, rehabilitation, schooling, disability benefits, low vision devices, and tax exemption programs) as 20/200 or worse in the better eye or a 20 degree or less visual field in the better eye.

20/80 to 20/160 (moderate Visual Impairment)

20/40 to 20/63 (mild Visual Impairment)

***Centers for Disease Control and Prevention definition:**

Blindness is a severe vision impairment, not correctable by standard glasses, contact lenses, medicine, or surgery. It interferes with a person’s ability to perform everyday activities. “Legal blindness” is defined as vision with best correction in the better eye worse than or equal to 20/200 or a visual field of less than 20 degrees in diameter. “Vision impairment” is defined as having 20/40 or worse vision in the better eye even with eyeglasses (Center for Disease Control and Prevention, 2019).

For more information, please visit:

www.cdc.gov/visionhealth/VEHSS/data/studies/vision-impairment-and-blindness.html

***Disability Evaluation under Social Security definition:**

Legal blindness is visual impairment as defined in sections 216(i)(1) and 1614 (a)(2) of the Social Security Act. The Act defines blindness as visual acuity of 20/200 or less in the better eye with the use of a correcting lens.

The Act also provides that an eye that has a visual field limitation such that the widest diameter of the visual field subtends an angle no greater than 20 degrees is considered as having a visual acuity of 20/200 or less (Social Security Administration, 2019).

For more information, please visit:

www.ssa.gov/disability/professionals/bluebook/2.00-SpecialSenses-adult.html