

**The Hadley School for the Blind
EYE REPORT**

FOR U.S. STUDENTS AND APPLICANTS ONLY

To Be Completed By A Physician, Eye Specialist Or Blindness Professional

Patient's name: _____

Street address: _____

City: _____ State: _____ Postal Code: _____

	O.D.	O.S.		O.D.	O.S.
Visual acuity	20/____	20/____	Object perception	____	____
Vision field (degree)	____	____	Hand Movements	____	____
Totally blind	____	____	Counts Fingers	____	____
Light perception	____	____			

1. Does this patient meet the standard definition of legal blindness?

Yes No

Is the condition: Progressive Stable Unstable

2. Does the vision loss significantly affect daily living? Yes No

If yes, and this individual is not legally blind, provide supportive documentation and indicate how: _____

3. Diagnosis (each eye): _____

Physician Eye Specialist Blindness Professional

Name: _____

Street address: _____

City: _____ State: _____ Postal Code: _____

Area code and phone number: _____

RETURN PROMPTLY TO: The Hadley School for the Blind
Student Services Department
700 Elm Street, Winnetka, IL 60093-2554

Telephone: 800-526-9909 Fax: 847-446-9820

Physician or eye specialist's:

Signature: _____ Date: _____