

## **Eye Report**

This report must be completed and signed by your eye specialist. It can be scanned and uploaded as part of your Scholarship Application, or sent directly to the scholarship coordinator by email:

Maureen Reid  
Scholarship Coordinator  
(312) 997-3655  
Fax: (312) 445-3640  
[maureen.reid@chicagolighthouse.org](mailto:maureen.reid@chicagolighthouse.org)

Previous scholarship recipients **must** submit a current vision report obtained within the last six months, regardless of whether we have one on file from the previous year.

## Eye Report

**EYE SPECIALIST:** Please complete the following information.

Patient Name: \_\_\_\_\_

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

Primary Ocular Diagnosis: \_\_\_\_\_

Additional Diagnoses: \_\_\_\_\_

**Visual Acuities (with best correction)**

**Visual Field (with best correction)**

OD: \_\_\_\_\_

OD: \_\_\_\_\_

OS: \_\_\_\_\_

OS: \_\_\_\_\_

**This individual is considered:**

- Visually Impaired (best corrected visual acuity of 20/70 or worse in the better eye or a total visual field of less than 40 degrees)
- Legally Blind (best corrected visual acuity of 20/200 or worse in the better eye or a visual field of less than 20 degrees)
- Totally Blind (best corrected visual acuity of 20/400 or worse in the better eye or a visual field of less than 10 degrees)
- Visually Impaired / Blind and Multi-Disabled (meeting one of the above vision related criterion with the presence of an additional documented disability, such as a physical disability, deafness, cognitive impairment or chronic health condition)

Physician / Eye Specialist Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_