

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
scholarship@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)
- ☐ Legally Blind (best corrected visual acuity of 20/200 or worse in the better eye and/or a remaining visual field 20 degrees or less)
- ☐ Totally Blind (No light perception)
- ☐ 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: _____