

SAMUEL W. BELL HOME FOR SIGHTLESS, INC.
(A Non Profit Corporation)
3775 Muddy Creek Road, Cincinnati, Ohio 45238
513-241-0720

CERTIFICATE OF BLINDNESS

I hereby certify that I have examined _____

Name of Applicant

And know him/her to be blind within the meaning of the definition set forth below. In my opinion this condition exists as of the date of this certification. Describe briefly your pathological eye findings:

Without Glasses

With Best Possible Correction

Right Eye _____

Left Eye _____

Reason for loss of ight: _____

Prognosis for recovery of sight:

Signature of Eye Physician or Optometrist

Date of this Certificate

Printed Name and address of Physician

DEFINITION OF BLINDNESS: The term "Blind Individual" means an individual whose central visual acuity does exceed 20 / 200 in the better eye with correction lenses or whose visual acuity is greater than 20 / 200 but is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends and angle no greater than 20 degrees. (Section 23 (Y) (2) of the Revenue Act of 1944)

THIS CERTIFICATE IS VALID IF SIGNED BY A PHYSICIAN SKILLED IN THE DISEASES OF THE EYE OR BY A REGISTERED OPTOMETRIST.