

## OCULAR REPORT FOR PERSONS WITH VISUAL PROBLEMS

**PURPOSES:**

To serve school administrators and special educators in determining school placement for students with visual impairments.

To register all legally blind\* students (excluding college) with the American Printing House for the Blind, Inc.

To determine eligibility of visually limited students, not in programs for the visually impaired, for educationally adapted materials from the Services for the Visually Impaired.

To determine eligibility of all post high school persons requesting materials from the Services for the Visually Impaired.

To be used by the Illinois Department of Public Health in registering seriously visually limited persons.

*\*Those children who have central visual acuity of 20/200 or less in the better eye with correcting glasses or peripheral field so contracted that the widest diameter of such field subtends an angular distance no greater than 20°.*

**CONFIDENTIAL**

**ILLINOIS INSTRUCTIONAL MATERIALS CENTER**

**OCULAR REPORT FOR PERSONS WITH VISUAL PROBLEMS**

NAME	SOCIAL SECURITY	SEX	DATE OF BIRTH
ADDRESS (Street, City, Zip Code)	PARENT OR GUARDIAN		PHONE
ATTENDANCE SCHOOL DISTRICT (Name and Number)	RESIDENT SCHOOL DISTRICT (Name and Number)		GRADE

**I. Measurements**

*INSTRUCTIONS FOR COMPLETING TABLE BELOW*

**A. Distant Vision**

Use Snellen notation with test distance of 20 feet. (Examples: 20/100, 20/60). For acuities less than 20/200, record distance at which 200 foot letter can be recognized as numerator of fraction and 200 as denominator. (Examples: 10/200, 3/200)

If the 200 foot letter is not recognized at 1 foot record the abbreviation for best distant vision as follows:

CF and definite distance – counts fingers at definite distance i.e., CF 1'

HM and definite distance – hand movement at definite distance i.e., HM 1'

OP – Object Perception

LP – Light Perception (without projection)

NIL – Totally blind

ENUC – Enucleated (eyeball removed)

PROS – Prosthesis (artificial eye)

ANOPH – Anophthalmos (absence of true eyeball)

FB – (Functionally Blind) In examiner's opinion, student's vision is 20/200 or less in better eye with maximum correction.

**B. Near Vision**

Use standard A.M.A. notation.

*FILL IN BOTH DISTANT AND NEAR VISION*

A. DISTANT VISION			B. NEAR VISION		C. PRESCRIPTION			
VISUAL ACUITY	Without Correction	With Best Spectacle Correction	Without Correction	With Best Spectacle Correction	SPH.	CYL.	AXIS	ADD
Right Eye								
Left Eye								
Both Eyes					Date of Above RX			

**COMMENTS:**

**VISUAL FIELD RESTRICTION?**     yes     no

If yes, widest remaining visual field (in degrees)    RIGHT \_\_\_\_\_    LEFT \_\_\_\_\_  
 Significant Field Restriction (please describe) \_\_\_\_\_

**IMPAIRED COLOR PERCEPTION?**     yes     no    Which colors? \_\_\_\_\_

**OVERALL DIAGNOSIS/ETIOLOGY**

RE/ \_\_\_\_\_  
 \_\_\_\_\_  
 LE/ \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**II. Treatment Recommended**

Please check if appropriate:

- Medication
- Surgery
- Glasses  Contact Lenses
  - Constant Wear
  - Near Vision Only
  - Far Vision Only

Low Vision Aid

Occlusion RE \_\_\_\_\_ LE \_\_\_\_\_

Low Vision Aid Prescribed:

Distant: Type \_\_\_\_\_ RE \_\_\_\_\_ LE \_\_\_\_\_

Near: Type \_\_\_\_\_ RE \_\_\_\_\_ LE \_\_\_\_\_

Lighting Requirements

- Average
- Other \_\_\_\_\_

Restricted Physical/Recreational Activities

- No Restrictions
- Restrictions \_\_\_\_\_

Other: \_\_\_\_\_

**VISION PROGNOSIS**

Pupil's vision impairment is considered to be:

- Stable
- Capable of Improvement
- Deteriorating
- Uncertain

**RE-EXAMINATION ADVISED**

- Six Months
- Twelve Months
- Other \_\_\_\_\_

**COMMENTS:**

**TYPE OF EXAMINER**

- Ophthalmologist  EENT
- Optometrist  Other M.D. (specify) \_\_\_\_\_

NAME OF EXAMINER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ DATE OF EXAMINATION \_\_\_\_\_

\_\_\_\_\_  
*Signature of Examiner*

Permission granted to use this information for purposes stated on this ocular report form.

Date \_\_\_\_\_ *Signature of Person, if 18; or Parent or Legal Guardian*

**TO BE FORWARDED BY EXAMINER**

**TO:**

**If above name and address not completed, forward this form to:**

**IIMC  
1850 W. Roosevelt Road  
Chicago, IL 60606-1228**