

FOR NYSCB USE ONLY

Complete the following information on this form. (Please print). Lack of complete information will delay registration of the patient.

PATIENT INFORMATION

Name Last Name First Name Middle Initial Sex Male Female

Date of Birth - - Social Security Number - -

Street Address Number Street

City State **NY** ZIP

Phone Number - - County or NYC Borough

Patient is in: Nursing Home Institution School for the Blind Hospital

Please check the appropriate condition and most appropriate cause (optometrist not required to indicate cause):

Condition

- 1. Blindness. Both eyes, no light perception
- 2. Blindness. Both eyes, with correction not more than 20/200 in better eye
- 3. Blindness. Both eyes, with limitation in field within 20 degrees diameter
- 4. Patient was registered as Blind, is now Not Blind (Please check cause – 7)

Cause

- 1. Cataracts
- 2. Glaucoma
- 3. General Infections. Degenerative and other specified diseases including ocular and local infections
- 4. Congenital Malformation
- 5. Accident, Poisoning, Exposure or Injury
- 6. Ill-Defined and Unspecified Cause
- 7. Improved Vision

EXAMINER INFORMATION

Name Last Name First Name Middle Initial

Street Address Number Street

City State ZIP

Profession of Examiner Physician Optometrist Date of Exam - -

Phone Number - - Doctor's Medicaid No. (If Any)

Parent/Guardian Information

This must be entered for patients under the age of 14 years. Enter address if different from patient's.

Last Name First Name Middle Initial

Number Street

City State ZIP

Submitter's Information

This should only be entered if the Submitter is different than the Examiner.

Last Name First Name Middle Initial

Number Street

City State ZIP

Phone Number - -

Signature of Examiner

PLEASE RETURN TOP COPY TO: NYS Commission for the Blind (NYSCB), 52 Washington Street, Room 201 South Building, Rensselaer NY, 12144
RETAIN SECOND COPY FOR YOUR RECORDS

MANDATORY REPORT OF BLINDNESS

The New York State Commission for the Blind (McKinney's Unconsolidated Laws, §8701, et seq.) is required by law to maintain a complete register of the blind in the State of New York. Under section 8704 of such law, all blind persons must be reported to the Commission for the Blind (See law below.)

Services are available to the blind from the Commission for the Blind other State departments, and local agencies for the blind. These services include instruction in personal management, mobility, Braille, typewriting and service to parents of preschool blind children; education consultation; rehabilitation services; talking book machines; and referral to local eye health and social service agencies.

NEW YORK STATE COMMISSION FOR THE BLIND McKinney's Unconsolidated Laws §8704, subd. a.

It shall be the duty of this commission to cause to be maintained a complete register of the blind in the State of New York, which shall describe the condition, cause of blindness, capacity for education and industrial training of each, with such other facts as may seem to the commission to be of value. It shall be the duty of every health and social agency, or nurse to report to the state commission for the blind and visually handicapped, in writing, the name, age and residence of each blind person. It shall be the duty of every optometrist to report to said commission in writing, the name, age and residence of each blind person. It shall be the duty of each attending or consulting physician to report to said commission, in writing, the name, age and residence of each blind person. In such cases such persons shall furnish such additional information as the commission shall request for registration or prevention of blindness.

A blind person shall mean a person who has central visual acuity of 20/200 or less in the better eye with the use of a correction lens. An eye which is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle no greater than twenty degrees shall be considered, for the purposes of the first sentence of this subdivision, as having a central visual acuity of 20/200 or less.

SUGGESTIONS FOR SERVICES NEEDED MAY BE SUBMITTED ON A SEPARATE SHEET