



STATE OF CONNECTICUT
Department of Rehabilitation Services
 BUREAU OF EDUCATION AND SERVICES FOR THE BLIND
 184 Windsor Avenue, Windsor, CT 06095-4536
 Phone: 860-602-4000 Toll-free: 800-842-4510 Fax: 860-706-5809
 www.ct.gov/besb

BESB USE ONLY	
SW:	_____
RT:	_____
O&M:	_____
ID:	_____

EYE REPORT

.....
 Section 10-305 of the Connecticut General Statutes requires reporting of legally blind persons: "Each physician and optometrist shall report in writing to the Department of Rehabilitation Services within thirty days each blind person coming under his or her private or institutional care within this state. The report of such blind person shall include the name, address, Social Security number, date of birth, date of diagnosis of blindness and degree of vision. Such reports shall not be open to public inspection." This includes:

1. All cases where vision with best correction is 20/200 or less in the better eye.
2. All cases regardless of visual acuity if the visual field is reduced to a diameter of 20 degrees or less OU.

Children with best corrected vision of 20/70 or less in the better eye are also eligible for BESB services.

PLEASE TYPE OR PRINT CLEARLY USING DARK INK

Name of Patient (First, Middle, Last) _____

Address _____ City _____ Zip _____

DOB _____ Gender F M SS# _____ Tel # _____

Contact Person (if applicable) _____ Tel # _____

Distance acuity with best correction:

Field Limitation? Yes No

OD _____

If yes, OD (# degrees) _____

OS _____

OS (# degrees) _____

Is this patient legally blind? Yes No

Patient is a child who meets the legal definition of visual impairment Yes No

Diagnosis (ICD Code):		BESB USE ONLY	
Primary	OD		
	OS		
Secondary	OD		
	OS		

BESB USE ONLY ELIGIBILITY CODING	

Prognosis: Stable Deteriorating Guarded Recovering Unknown

Remarks/Recommendations: _____

Please list any other disabilities that may impede rehabilitation: _____

Date of Exam _____

Doctor's Name _____ M.D. O.D.

Address _____

City _____ Zip _____

Dr.'s Signature _____ Phone _____