



State of Arizona Department of Education
Empowerment Scholarship Account

CONFIRMATION OF LEGAL BLINDNESS

Confirmation of legal blindness is required for a student to qualify for the Empowerment Scholarship Account under the category of a child of a parent who is legally blind pursuant to Arizona Revised Statutes (A.R.S.) § 41-1973, subsection C. The Arizona Revised Statutes, § 36-1973(C), currently defines legally blind as follows:

- C. For purposes of this section "legally blind" means any person who:
1. Has no vision or visual acuity.
 2. Has central visual acuity of 20/200 or less in the better eye, with the best correction by single magnification.
 3. Has a field defect in which the peripheral field has been contracted to such an extent that the widest diameter of visual field subtends an angular distance no greater than twenty degrees.

Applicant/Patient:

Name: _____ Date of Birth: _____

Address: _____

Best corrected vision: OD (Right Eye): _____ OS (Left Eye): _____

OU (Both Eyes): _____

Width of Visual field (in degrees): _____

Certifying Authority:

I certify that _____ is legally blind in both eyes as specified in the Arizona Revised Statutes definition quoted above.

(Signature) _____ (Date) _____

(Title) _____

Please attach your business card or print/type your name, profession, and address here:

(Name) _____

(Profession) _____

(Address) _____

(Phone Number) _____