



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) \_\_\_\_\_