



MCB EYE Report Form (for use by eye doctors when referring patients for services from the Michigan Commission for the Blind)

Michigan Commission for the Blind  
Michigan Department of Labor & Economic Growth

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Patient/Client: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M  F

MCB Counselor (if known): \_\_\_\_\_

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## EYE EXAMINATION REPORT

### NOTE TO EXAMINER

You are hereby authorized to release the information requested below to the Michigan Commission for the Blind (MCB). This exam is at the patient's expense unless this form is accompanied by an MCB Service Authorization.

Patient/Client Signature:  
(or Designee)

Date: \_\_\_\_\_

#### 1. History

A. Age at onset of significant visual defect:

B. Injuries, infections, surgeries, hereditary factors:

#### 2. Diagnosis:

R.E.:

L.E.:

#### 3. Describe Abnormal Findings:

R.E.:

L.E.:

#### 4. Intraocular Pressure in mm. Hg. (specify instrument used)

R.E.:

L.E.:

Instrument:

5. Vision Measurements:

**Without Correction:** Distance: R.E.: 20/ L.E.: 20/

Near: R.E.: 20/ L.E.: 20/

**With Correction:** Distance: R.E.: 20/ L.E.: 20/

Near: R.E.: 20/ L.E.: 20/

**Correction Needed:**

R.E.: 20/

L.E.: 20/

Additional:

6. Peripheral Field of Vision: (Provide a verbal description of visual fields and attach copies of the charts, if available.)

7. Prognosis (**Check appropriate terms**): Patient's vision is considered:  
 Stable     Deteriorating     Capable of Improvement     Uncertain

8. Treatment Recommended:

9. Functional limitations caused by visual condition:

The following 3 criteria substantiate a disability for purposes of determining eligibility for rehabilitation services from MCB (please check all that apply):

- 1. Visual acuity in the better eye is 20/200 or less with best correction.
- 2. Visual fields are limited to subtending an angular distance not greater than 20 degrees.
- 3. Visual acuity is 20/100 or less in the better eye with a progressively worsening condition.

Examiner Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Examiner's Signature:** \_\_\_\_\_ **Exam Date:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

Please fax or mail completed form (with patient/client signature and examiner signature) to: Michigan Commission for the Blind, Fax 517-335-5140, 201 N. Washington Square, P.O. Box 30652, Lansing, MI 48909, or your local MCB field office.

Authority: P.A. 260, as amended. Completion: Mandatory; Penalty: Non-payment of Service. MCB/DLEG is an equal opportunity employer/program. Alternative formats, auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.