

# CERTIFICATION OF BLINDNESS OR DEFECTIVE VISION

## Notes

- ☐ This certificate should not be given to the patient but should be returned to the Blind Welfare Society or Local Authority Social Work Department.
- ☐ Please see notes on definitions of blindness and partial sight on page 4.

## PART I - GENERAL

- ☐ Please provide the following information about the patient in block capitals

1. Surname: Mr. Mrs. Miss\* .....  
(Please delete as appropriate)
2. First Names: .....
3. Address: .....
4. Change of Address: .....
5. Blind Welfare Society or Regional or Islands Council: .....
6. Registration Agency Case No.: ..... 7. Date of Birth: .....
8. General Practitioner: .....
9. Date of Previous Examination (if any): .....
10. Name and address of school: .....  
OR  
Occupation: At Present: .....  
Before vision deteriorated: .....

## PART II - CONSENT BY PATIENT TO DISCLOSURE OF INFORMATION

### Note:

1. This Part of the Certificate should only be completed -  
(a) after the ophthalmologist has completed Part III; and  
(b) if the patient is prepared to give consent to disclosure of clinical details.
2. Where the patient is under 18 years of age, his or her parent or guardian should also sign where indicated below.
3. The ophthalmologist must read out to the patient the terms of the consent set out below and the clinical details recorded in Part III before the patient signs and must also sign the Certificate where indicated below.
4. This part of the form should be signed and completed before the form is returned to the Blind Welfare Society or Local Authority Social Work Department.

### Consent

I consent to the clinical details in sections B and C of Part III of this Form being used for the purposes of the provision of services and, where appropriate, assessment of working abilities. I confirm that I have read and understood these clinical details/these clinical details have been read out and explained to me by the ophthalmologist. *(Delete as appropriate)*.

Signature of patient ..... Date .....

Parent/Guardian ..... Date .....

Witnessed by:

1. Signature ..... Date .....

Full Name .....

Address .....

2. Signature ..... Date .....

Full Name .....

Address .....

### Certificate of examining ophthalmologist

I certify that the terms of the foregoing statement of consent and the clinical details to which it refers were read by/read out to the patient and that the patient confirmed his/her understanding of that statement and the purpose of giving such consent.

Signature ..... Date .....

Full Name .....

Address .....

**PART III - CERTIFICATE TO BE COMPLETED AS APPLICABLE BY OPHTHALMOLOGIST**

**A. DECLARATION**

I hereby certify that Mr/Mrs/Miss\*

\*Please delete as appropriate

Hospital Case Number \_\_\_\_\_

Please tick one box

1. Is so blind as to be unable to perform any work for which eyesight is essential.

Yes

☐

No

☐

OR

2. Although not so blind as to be unable to perform any work for which eyesight is essential, is substantially and permanently handicapped by defective vision.

Yes

☐

No

☐

AND

(a) Is 16 years of age or over and likely to become so blind as to be unable to perform any work for which eyesight is essential.

☐ Please tick one box if applicable

☐

OR

(b) Is under 16 years of age and likely to become, before reaching that age, so blind as to be unable to perform any work for which eyesight is essential.

☐

☐ Please tick one box

3. Has a visual handicap which is likely to:

(a) improve

(b) remain stable

(c) deteriorate

☐  
☐  
☐

**B. EXAMINATION OF EYES - CLINICAL DETAILS**

1. Visual Acuity (see note (1) below)

(a) unaided

(b) with correcting glasses

(c) both eyes - best direct vision after correction

*Right Eye*

*Left Eye*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Distance \_\_\_\_\_

Near \_\_\_\_\_

2. Field of Vision (see note (2) below)

\_\_\_\_\_

\_\_\_\_\_

3. Cause of Visual Handicap:

Right Eye:

Left Eye:

4. Duration of Visual Handicap

**Notes**

(1) Less than 3/60; less than 6/60; less than 6/36; less than 6/18; 6/18 or more.

(2) Nil, less than 10°, contracted, hemianopia (right/left/upper/lower) central scotoma, good.

**C. OTHER INFORMATION**

1. Re-examination for certification purposes is not necessary/is advisable in ..... months time. *(Please delete as appropriate)*

☐ Please tick appropriate boxes

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 2. (a) The patient would benefit from the provision of a low vision aid.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) The patient has been provided with a low vision aid.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. (a) The patient has increased difficulty in bright light.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) The patient has increased difficulty in dim light.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. The patient should be assessed for special schooling.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. The patient should be considered for occupational re-training.   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. The patient should be considered for special rehabilitation.   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. The patient is physically restricted in the following ways (eg tremor, deafness, lack of use of limbs, etc). |                              |                             |

.....

.....

8. The patient received treatment or medication which directly affects daily living, education or employment in the following ways

.....

.....

9. Please give any other relevant, social etc., information/observations below

.....

.....

.....

Signature.....

Date .....

Address (Hospital/Clinic/Consulting room)

.....

.....

.....



DEFINITION OF BLINDNESS (see also notes opposite)

1. The required qualification for inclusion as a blind person in any register maintained by or on behalf of a Regional or Islands Council in Scotland under arrangements made by Scottish Ministers is that the person is "so blind as to be unable to perform any work for which eyesight is essential". In considering this matter there are two important points to be noticed, viz:
  - (i) the test is not whether the person is unable to pursue his ordinary occupation or any particular occupation, but whether he is too blind to perform any work for which eyesight is essential; and
  - (ii) only the visual conditions are taken into account and other bodily or mental infirmities are disregarded.
2. The principal condition to be considered is the visual acuity (i.e., the best direct vision obtainable with appropriate spectacle correction if necessary, with each eye separately or both together, whether both are present, as tested by Snellen's type with focus properly corrected), but regard must also be paid to the other conditions set out below.
3. The persons examined may be classified in three groups, as follows:
  - (a) Group 1 - Below 3/60 Snellen  
In general, a person with visual acuity below 3/60 Snellen may be regarded as blind.  
(Note - In many cases, it is better to test the person's vision at one metre. 1/18 indicates a slightly better acuity than 3/60 but as the standard test types provide a line of letters which an eye possessed of full acuity should read at 18 metres, there is some convenience in specifying 1/18.)
  - (b) Group 2 - 3/60, but below 6/60 Snellen.  
A person with visual acuity of 3/60 but less than 6/60 Snellen
    - (a) may be regarded as blind if the field of vision is considerably contracted but
    - (b) should not be regarded as blind if the visual defect is of long standing and is unaccompanied by any material contraction of the field of vision e.g. in cases of congenital nystagmus, albinism, myopia, etc.
  - (c) Group 3 - 6/60 Snellen or above  
A person with a visual acuity of 6/60 Snellen or better should ordinarily not be regarded as blind. He may, however, be regarded as blind if the field of vision is markedly contracted in the greater part of its extent, and particularly if the contraction is in the lower part of the field, but a person suffering from homonymous or bitemporal hemianopia retaining central visual acuity of 6/18 or better is not to be regarded as blind.

DEFINITION OF PARTIAL SIGHT (see also notes below)

4. Partial sight is not defined by statute but The Scottish Executive has advised that a person who is not blind within the meaning of paragraph 1 above but who is, nevertheless, substantially and permanently handicapped by congenitally defective vision or in whose case illness or injury has caused defective vision of a substantial and permanently handicapping character is within the scope of the welfare services which the local authority are empowered to provide for blind persons - but this does not apply to other benefits specially enjoyed by the blind, e.g. certain Social Security benefits and tax concessions.
5. As a general guide, persons falling within the welfare provisions for the partially-sighted are those with visual acuity of:-
  - (a) 3/60 to 6/60 with full field;
  - (b) up to 6/24 with moderate contraction of the field, opacities in media, or aphakia;
  - (c) 6/18 or even better if there is a gross field defect, e.g. hemianopia, or there is marked contraction of the fields as in pigmentary degeneration, glaucoma, etc.
6. NOTES (DEFINITION OF BLINDNESS)
  - (a) The question whether a defect of vision is recent or of long standing has a special bearing on the certification of blindness. A person whose defect is recent is less able to adapt himself to his environment than is a person with the same visual acuity whose defect has been of long standing. This is specially applicable in relation to Groups 2 and 3.
  - (b) Another factor of importance, particularly in relation to Group 2, is the age of the person at the onset of blindness. An old person with a recent failure of sight cannot adapt himself so readily as can a younger person with the same defect.
  - (c) On rare occasions cases will arise which are not precisely covered by the foregoing observations, and such cases must be dealt with according to the judgement of the certifying ophthalmic surgeon.
7. NOTES (DEFINITION OF PARTIAL SIGHT)
  - (a) Infants and young children with congenital anomalies, including visual defects, unless obviously blind should be classed as partially-sighted.
  - (b) At age four and over binocular corrected vision should be the criterion.

## Registration Status Form

The patient below has been registered as: -

● Blind

Date.....

● Partially Sighted

Date.....

● Consultant :-.....

Patient Details Sticker

**NB. This form to be held as record in patients file**