



Older Individuals who are Blind – Technical Assistance Center

LOW VISION STATEMENT OF AWARENESS

TODAY'S DATE _____ D.O.B. _____

PATIENT NAME _____

I understand that if upon examination the optometrist finds me to be legally blind, s/he is legally obligated by the state to report said findings to the Department of Health and Human Services (DHHS) within 30 days after the examination is conducted for the purpose of creating a registry of the people in this state that are blind.

I understand that the agency will report such findings to the state.

Upon request, the agency will provide you with a copy of the statute.

Client Signature

Client Representative Signature

Printed Name

Printed Name and relationship

Date

Staff Name