

# Accessible Instructional Materials Library

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## Federal Quota Medical Addendum

Dear \_\_\_\_\_,

"The Federal Act to Promote the Education of the Blind", enacted by Congress in 1879, requires school districts to have current, within 3 years, eye health care reports from an Optometrist, Ophthalmologist, or Neurologist on file in school districts in order to be eligible to be counted in the Federal Quota program, and to access learning materials from American Printing House for the Blind.

Many times visual acuities are not obtainable for certain individuals. Because of this, we require further clarification to determine whether this student meets the Federal guidelines of legal blindness in order to be counted in the Federal Quota program.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### DOCTOR'S OFFICE TO COMPLETE THIS SECTION:

Please check ONE box below

**Based on Exam Date:** \_\_\_\_\_, regarding the above mentioned student, if visual acuity cannot be measured, in your professional judgment, do you feel this person:

**Functions better than 20/200 corrected**, in their best eye (*Snellen* equivalent)

**Meets the Definition of Blindness - "MDB"**

As defined in The Act: "Central visual acuity of 20/200 or less in the better eye with correcting glasses or a peripheral field so contracted that the widest diameter of such field subtends an angular distance no greater than 20 degrees,"

OR

**Functions at the Definition of Blindness - "FDB"**

As defined in The Act: "When visual performance is reduced by a brain injury or dysfunction when visual function meets the definition of blindness as determined by an eye care specialist or neurologist. Students in this category manifest unique visual characteristics often found in conditions referred to as neurological, cortical, or cerebral visual impairment."

\_\_\_\_\_  
Doctor Signature

\_\_\_\_\_  
Date

### DISTRICT PERSONNEL TO COMPLETE THIS SECTION:

Please return this form when completed to: \_\_\_\_\_

Teacher of the Visually Impaired (TVI)

District/Agency \_\_\_\_\_ Fax: \_\_\_\_\_

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