

II. Treatment

P.O. Box Jamestown, NC 27282 Phone: (336) 334-4822 (336) 454-1126 www.gtcc.edu



Documentation of Visual Impairment Verification Form

services.			orize the release of the y College for the purpo							
Student Signatu	Student Signature		Date of Birth		Date of Request					
TO BE COMPLETED B	Y THE DIAGNOS	SING PROFESSIONAL								
l. Diagnosis Primary Diagnosis:										
Date of Diagnosis:		Date of Last E	Evaluation:							
Secondary Diagnosis:										
Date of Diagnosis:	te of Diagnosis: Date of Last Evaluation:									
II. Diagnostic Questio	ins									
1. Visual Acuit NIL, LP, HM,		can be measured, cor	mplete this box using S	nellen acuities or	Snellen equivalents or					
Without Glasses			Best Corrected							
	Near	Distance		Near	Distance					
R			R							
L			L							
2. Visual Field	Test: If any rest	rictions to visual field	d exist, pleas describe b	oelow:						
The visual fie	ld is restricted	to 20 degrees or less:	Yes: No:							
3. Color Vision	: Normal:	Abnormal:								

Date of Last Visit:						
Glasses Prescribed: Yes: N	lo:					
Magnification Aids Prescribed: Y	'es: No:					
Braille and Audio Required: Yes:	No:	_				
III. Current Impact						
In the space below please provide a sumr environment (i.e., limitations/restrictions recommend? NOTE: This is for informational purposes of determine the appropriate services.	, strategies for	achieving	equal access	, etc.). Whic	h services, if	
					_	
as possible. Incomplete or missing inform and signed by the qualified professional verofessional Credential Documentation (FOF IDENTIFICATION FOR THE STUDENT FILESTAGE)	vho performed PLEASE ATTACH LE.)	the evaluation	ation and ma	ide the diag	nosis.	·
Name	•					
Address						
Title						
Professional Credentials	Phone :					
License/Certification number	_					
Signature		_ Date				
To expedite the process, you may fax a co please mail the signed, original form to:	py to 1-336-23	2-9803 . Al	l documenta	tion is confi	dential. In ad	dition to faxing,
Guilford Technical Community College: disAbility Access Services P.O. Box 309						
Jamestown, NC 27282 Attention:	_					