**Visual Examination Form**

**for Admission to Care and Attention Home for the Aged Blind**

*(to be completed by Medical Officer of Eye Hospital / Eye Clinic or Ophthalmologist)*

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| --- |
| Only person aged 60 or above and is certified as **blindness** or with **severe vision impairment** is eligible to apply for Care and Attention Home for the Aged Blind |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Applicant: |  | | Sex: |  |
| HKID No.: | ( ) | | Date of Birth: |  |
| Hospital / Clinic Reference No.: | |  | | |

**Level of vision impairment Note**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Right Eye |  | Left Eye |
| Visual Acuity (corrected) |  |  |  |  |
| Visual Field |  |  |  |  |
| Cause of Blindness |  |  |  |  |

**Certification**:

This is to certify that the above-named patient is suffering from \*\*blindness / severe vision impairment / moderate vision impairment / mild vision impairment.

(\*\* Please delete the inappropriate item.)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Note**:  The classification of vision impairment as referenced with the World Health Organisation International Classification of Diseases 11th Revision (Version 05/2021):   | **Classification** | **Presenting distance visual acuity#** | | | --- | --- | --- | | **Worse than:** | **Equal to or better than:** | | Blindness | * 3/60 | * No light perception | | Severe vision impairment | * 6/60 | * 3/60 | | People with constricted vision field in which the widest field diameter subtends an angular subtense of 20 degrees or less, irrespective of visual acuity | | | Moderate vision impairment | * 6/18 | * 6/60 | | Mild vision impairment | * 6/12 | * 6/18 |   # Visual acuity refers to the visual acuity of the better eye with correcting devices. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature: |  | | Date: |  |
| Doctor’s full name: | |  | Chop of  Hospital /  Clinic: |  |

(Updated March 2025)