



Part 2 – Diagnosis of visual impairment

This part must be filled out by an optometrist or an ophthalmologist.

The information provided is confidential and for the sole use of the eligibility committee.

PLEASE PRINT

Identification of person

Family name	Given name
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1. **Medical diagnosis or problem:** _____

2. **Visual acuity :** vision from a distance with a prescription (in metric measurements)

OR _____ OL _____ OU _____

Visual field : specify

Less than 20°

More than 20°

OR _____ OR _____

OL _____ OL _____

3. **Origin of impairment**

Congenital anomaly Accidental, date of appearance _____

Disease, date of appearance _____

4. **Is recovery possible ?**

Yes, in what period of time and explain : _____

No

5. **Examination performed by**

Name : _____ Function : _____

Year Month Day Year Month Day

Date de examination _____ / _____ / _____ Form filled out on _____ / _____ / _____

Signature _____ Telephone no. _____

N. B. The content of this form is prescribed by the Ministère des Transports du Québec.