



# LEGALLY BLIND PASS APPLICATION

\*\*\*\*\*VERY IMPORTANT! – DO NOT MAIL \*\*\*\*\*

After completing this application, please call Long Beach Transit’s Eligibility Analyst to schedule your in-person application review and training at (562) 591-8753. You must bring valid photo identification (such as California ID, Passport or a Braille Institute ID) and this completed application to your in-person application review appointment.

## 1. PERSONAL INFORMATION – please print clearly

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth:   -   -     Male:  Female:

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone:    -    -     TDA:  Yes  No

Emergency Contact: \_\_\_\_\_  
Name \_\_\_\_\_ Phone    -    -

## 2. Ophthalmologist or Optometrist to Complete – please print clearly

	O.D.		O.S.	
Corrected Distance Acuity				
Corrected Near Acuity				
Current Prescription				
Near Add				
IOL (please circle one)	Yes	No	Yes	No
Is visual field reduced to 20° or less	Yes	No	Yes	No

Diagnosis \_\_\_\_\_ Date of last exam \_\_\_\_\_

Etiology \_\_\_\_\_ Prognosis \_\_\_\_\_

Additional information \_\_\_\_\_

Visual Impairment ICD-9 Code 36 \_\_\_\_\_ . \_\_\_\_\_

Name (circle one: Ophthalmologist, Optometrist) \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Doctor’s Signature \_\_\_\_\_ Date \_\_\_\_\_