



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 _____