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PLEASE HAVE A DOCTOR, NURSE, THERAPIST, LIBRARIAN OR PROFESSIONAL STAFF OF A CHURCH, INSTITUTION OR SOCIAL WELFARE AGENCY CERTIFY YOUR ELIGIBILITY BELOW.

I certify that the applicant named is unable to read or use standard printed material due to:

1. **TOTALLY BLIND**
2. **LEGALLY BLIND** - persons whose visual acuity, as determined by a competent authority, is 20/200 or less in the better eye with correcting glasses, or whose widest diameter of visual field subtends an angular distance no greater than 20 degrees.
3. **VISUALLY IMPAIRED** - persons who need aids other than regular glasses for reading standard printed materials.
4. **PHYSICALLY DISABLED** - persons unable to turn pages or comfortably hold a book for extended periods of time.
5. **READING DISABLED** - persons having a certifiable reading disability.

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**FEDERAL LAW REQUIRES CERTIFICATION BY A DOCTOR OF MEDICINE OR OSTEOPATHY.**

Please Print your name: Title/Occupation

Signature

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