

Certification of a person as Sight Impaired (partially sighted) or
Severely Sight Impaired (blind) – Wales (2022)

Part 1: Certificate of Vision Impairment

Contact details

Title

Surname

First and middle name(s)
(identify preferred name)

Address
(including postcode)

Date of Birth

Gender Male ☐ Female ☐

Daytime telephone

Mobile

Email

Preferred format of
written communication

Large print	Email	Braille	Recorded	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Preferred language

English	Welsh
<input type="checkbox"/>	<input type="checkbox"/>

To be completed by the Ophthalmologist/Optometrists (tick one)

☐ I consider this person is sight impaired (partially sighted)

☐ I consider this person is severely sight impaired (blind)

☐ An information pack has been given to the person

Signed

Date

Name (printed)

I am an: ☐ Ophthalmologist

☐ Optometrist

Certifier primary
place of work
(hospital/
optometry
practice)

Certification was performed at:

☐ Hospital Service

☐ Optometry practice

☐ Mobile setting

To be completed by the patient or representative

Signed

Date

My name is

☐ I am the patient

☐ I am the patient's representative

Consent to share information

We need accurate information so that we can help you and others.

You do not have to consent to your information being shared. You can choose to share your information with none, one, or more of the organisations listed below. If you do give your consent, then you are free to withdraw this at a later stage by writing to your local health board. We will not share your information with anyone else not listed below.

You consent to share (tick as appropriate):

- ☐ A. All your information with your GP.
- ☐ B. All your information with the Certifications Office, NHS Wales Shared Service Partnership . This information is used for research, service planning purposes and to offer you information about services which you may find helpful.
- ☐ C. All your information with your local authority. This information is used to offer you the opportunity to be registered sight impaired or severely sight impaired. You are entitled to an assessment by a vision rehabilitation specialist.

Signed

Date

My name is

☐ I am the patient

☐ I am the patient's representative

Visual function

Best corrected visual acuity

Right eye

Left eye

Field of vision

Extensive loss of visual field (including hemianopia)

☐

Does the patient experience Charles Bonnet Syndrome?

Diagnosed

☐

NA

☐

Charles Bonnet Syndrome discussed and information provided (CBS Info leaflet)

YES

☐

NO

☐

NA

☐

Diagnosis

Where there is more than one cause of vision impairment please tick the main cause.

Retina	Right eye	Left eye
Age-related macular degeneration – choroidal neovascularisation (wet)	H35.32 <input type="checkbox"/>	<input type="checkbox"/>
Age-related macular degeneration – atrophic/geographic macular atrophy (dry)	H35.31 <input type="checkbox"/>	<input type="checkbox"/>
Diabetic retinopathy	E10.3 – E14.3 H36.0 <input type="checkbox"/>	<input type="checkbox"/>
Diabetic maculopathy	H36.0A <input type="checkbox"/>	<input type="checkbox"/>
Hereditary retinal dystrophy	H35.5 <input type="checkbox"/>	<input type="checkbox"/>
Retinal vascular occlusions	H34 <input type="checkbox"/>	<input type="checkbox"/>
Other retinal: please specify	<input type="text"/>	

Glaucoma	Right eye	Left eye
Primary open angle	H40.1 <input type="checkbox"/>	<input type="checkbox"/>
Primary angle closure	H40.2 <input type="checkbox"/>	<input type="checkbox"/>
Secondary	H40.5 <input type="checkbox"/>	<input type="checkbox"/>
Other glaucoma: please specify	<input type="text"/>	

Globe	Right eye	Left eye
Degenerative myopia	H44.2 <input type="checkbox"/>	<input type="checkbox"/>

Neurological	Right eye	Left eye
Optic atrophy	H47.2 <input type="checkbox"/>	<input type="checkbox"/>
Visual cortex disorder	H47.6 <input type="checkbox"/>	<input type="checkbox"/>
Cerebrovascular disease	<input type="checkbox"/>	<input type="checkbox"/>

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Choroid		Right eye	Left eye
Chorioretinitis	H30.9	<input type="checkbox"/>	<input type="checkbox"/>
Choroidal degeneration	H31.1	<input type="checkbox"/>	<input type="checkbox"/>

Lens		Right eye	Left eye
Cataracts (excludes congenital)	H25.9	<input type="checkbox"/>	<input type="checkbox"/>

Cornea		Right eye	Left eye
Corneal scars and opacities	H17	<input type="checkbox"/>	<input type="checkbox"/>
Keratitis	H16	<input type="checkbox"/>	<input type="checkbox"/>

Paediatric		Right eye	Left eye
Retinopathy of prematurity	H35.1	<input type="checkbox"/>	<input type="checkbox"/>
Congenital CNS malformations	Q00-Q07	<input type="checkbox"/>	<input type="checkbox"/>
Congenital eye malformations	Q10-Q15	<input type="checkbox"/>	<input type="checkbox"/>
Congenital: please specify syndrome or nature of the malformation	<input type="text"/>		

Neoplasia		Right eye	Left eye
Eye	C69	<input type="checkbox"/>	<input type="checkbox"/>
Brain and CNS	C71-C72	<input type="checkbox"/>	<input type="checkbox"/>
Other neoplasia: please specify	<input type="text"/>		

Diagnosis not covered in any of the above – please specify, including ICD10 code (where known)

Additional notes:

Please note that this is not intended to be a comprehensive list of all possible diagnoses. It does include all but the rare causes of reduced vision abstracted from the 2001 BD8 part 5 returns. The codes above are ICD10.

Additional information for support

Do you:

- ☐ Live on your own?
- ☐ Have problems with your hearing?

If you are a child, do you or your parents:

- ☐ Want information about schools, education or training?

Ethnic group

Choose one option that best describes your ethnic group or background

White

- ☐ 1. Welsh / English / Scottish / Northern Irish / British
- ☐ 2. Irish
- ☐ 3. Gypsy or Irish Traveller
- ☐ 4. Any other White background, **please describe**

Mixed / Multiple ethnic groups

- ☐ 5. White and Black Caribbean
- ☐ 6. White and Black African
- ☐ 7. White and Asian
- ☐ 8. Any other Mixed / Multiple ethnic background, **please describe**

Asian / Asian British

- ☐ 9. Indian
- ☐ 10. Pakistani
- ☐ 11. Bangladeshi
- ☐ 12. Chinese
- ☐ 13. Any other Asian background, **please describe**

Black / African / Caribbean / Black British

- ☐ 14. African
- ☐ 15. Caribbean
- ☐ 16. Any other Black / African / Caribbean background, **please describe**

Other ethnic group

- ☐ 17. Arab
- ☐ 18. Any other ethnic group, **please describe**

Patient Information Sheet

(To be given to the patient)

This Certificate of Vision Impairment (CVI) has three main functions:

1. It qualifies you to be registered with your local authority/social services trust as sight impaired (partially sighted) or severely sight impaired (blind).
2. It lets your local authority/social services trust know about your sight loss. They have a duty to contact you to offer registration, and to see if you need help with day-to-day tasks.
3. The CVI records important information about the cause of your sight loss. It helps the NHS to identify any trends in certain eye conditions and helps with planning services.

Certification and registration

Once you have been certified as either sight impaired (partially sighted) or severely sight impaired (blind) you are able to be registered with the local authority. If you have decided that the local authority can receive your details, they will contact you to talk about an assessment of your needs. The assessment will enable local authorities to find out if they can help you to live independently. They will also talk to you about registration.

The advantages of registration

Local authorities have a duty to establish and maintain sight loss registers. Registration will help your local authority to understand the needs of its local population which will help them plan services for people with sensory loss.

Registration is often a positive step towards getting help to stay as independent as possible. It will also be easier for you to prove to service providers, employers, schools, colleges, or other people what your level of sight is. Registration will assist you, and anyone caring for you to become eligible for certain entitlements, including benefits.

Information for research

The CVIW form allows for the medical information about your eye condition to be sent to the Certifications Office, NHS Shared Services Partnership. The Certifications Office will gather medical information and collate records of the incidence of eye conditions. This information is important as it can lead to medical developments in the future. It also provides evidence of what eye conditions are affecting people so that NHS Wales eye services can be designed to meet patients' need.

Things to remember

Being certified as severely sight impaired does not necessarily mean that you are totally without sight or will lose all your sight in the future.

1. You do not have to be registered by a local authority if you do not want to be registered; being registered is your individual choice.
2. You can be assessed for help by a local authority without the need to be registered.
3. You can withdraw your consent to be registered at any time.
4. You may be entitled to receive benefits if you are registered by the local authority. They can give you more information about this.

Driving

As a driver with sight loss you must inform the DVLA of this at the earliest opportunity. Whilst the DVLA will consider each case on an individual basis it is likely that if you have been given this information you should not continue to drive.

If you decide to keep driving without informing the DVLA, you could face some very serious consequences including a fine of up to £1,000. You will also be putting yourself and others at risk.

For more information please contact the DVLA at:

- Drivers Medical Group, DVLA, Swansea, SA99 1TU
- Telephone 0300 790 6806
- Email visit www.gov.uk/contact-the-dvla