

ACROD Parking Program form Low vision medical certificate

This auxiliary form can be used when a person who is legally blind is applying for an ACROD Parking Permit and does not have another document confirming that they are legally blind.

This form needs to be completed and signed by an Ophthalmologist, Orthoptist, Optometrist or General Practitioner, and submitted by the applicant as part of their ACROD Parking Permit application.

The main ACROD Parking Permit application form and additional information can be found in the [“How to apply”](https://www.acrod.org.au/how-to-apply-individual/) section of the ACROD website at [acrod.org.au/how-to-apply-individual/](https://www.acrod.org.au/how-to-apply-individual/)

Eligibility criteria

An applicant may be eligible for an ACROD Parking Permit if they are legally blind. Legally blind means:

- 1** visual acuity (1.1.V.50) on the Snellen Scale after correction by suitable lenses of less than 6/60 in both eyes; or
- 2** constriction to within 10 degrees of fixation in the better eye irrespective of corrected visual acuity; or
- 3** a combination of visual defects resulting in the same degree of vision impairment as that occurring in the above points.

Assessment of applications

The ACROD Parking Program assessment team will assess each application against the eligibility criteria. If more information is needed to determine the applicant's eligibility, the ACROD Parking Program may contact the specialist or medical practitioner who has signed this form to ask for additional information.

Contact information

ACROD Parking Program email: acrod@nds.org.au

Telephone: 08 9242 5544

ACROD Parking Program website: [acrod.org.au](https://www.acrod.org.au)

Post: ACROD Parking Program, PO Box 184 Northbridge WA 6865


Privacy statement

NDS is committed to protecting your personal information. The Privacy Act 1988 (Commonwealth) which includes the Australian Privacy Principles, regulates the way in which your personal information is collected and used. By providing us with your personal information, you consent to the terms of the [NDS Privacy Policy available from our website](#) which sets out how we collect, use, store and disclose personal information.

Applicant details

Surname:	First name:
Address:	
Date of birth (dd/mm/yyyy):	

Visual acuity and field of vision

Measurement	RE	LE	Both
Best corrected distance visual acuity			
Peripheral field remaining in degrees from fixation	°	°	

Combination of visual acuity and field of vision loss / visual defects

If visual acuity is NOT less than 6/60 and field of vision is NOT constricted to less than 10 degrees from fixation:

Does the combination of visual defects result in the same degree of vision impairment as <6/60 or <10° from fixation?

Yes No

Additional information

Is the level of vision listed above permanent? Yes No

If NO, what is the prognosis (including potential for improvement with treatment)?

Other comments:

Specialist / medical practitioner declaration

I confirm that the applicant whose details are provided above is legally blind;

I confirm that the information in this form is correct to the best of my knowledge;

I am not the applicant or an immediate family member of the applicant;

I agree to offer all reasonable information to assist the ACROD Parking Program to determine the applicant's eligibility.

Signature:

Specialist / medical practitioner details or stamp:

Date:

This form needs to be completed and signed by an Ophthalmologist, Orthoptist, Optometrist or General Practitioner, and **submitted by the applicant** as part of their ACROD Parking Permit application.

Full name:

Position:

Employer/clinic:

Address:

Phone:

AHPRA number: