



MONTANA ASSOCIATION FOR THE BLIND

1302 24th St. W., PMB 134
Billings, MT 59711
406-442-9411

2026 SUMMER ORIENTATION PROGRAM for the Blind and Partially Sighted Sponsored by the Montana Association for the Blind, Inc.

If this form is not accessible, [CLICK HERE](#)

Mail the completed form to:

MAB

1302 24th St. W, PMB 134

Billings, MT 59102

Or email to: mabadmin@mabsop.org

**Part 3 – Visual Examination Report – To be completed by your Eye
Care Professional**

PLEASE TYPE OR PRINT CLEARLY

Name: _____

CLIENT AUTHORIZATION TO RELEASE MEDICAL INFORMATION

**My medical information may be released to the Montana
Association for the Blind's staff, nurses, and director for the 2026
Summer Orientation Program.**

Client Signature:

Date Signed:

PLEASE TYPE OR PRINT CLEARLY

Date of Exam

Cause of Visual Impairment

	Visual Acuity	Distance	Near
Right:	w/o correct w/correct	w/o correct w/correct	w/o correct w/correct
Left:	w/o correct w/correct	w/o correct w/correct	w/o correct w/correct

Is the patient considered legally blind? Yes No

Comments and list any medications necessary:

The patient will attend a 4-week training program to learn independent living skills. The classes will run from 8 am to 4 pm. There will be some walking and standing involved. We will have a nurse or CNA on duty part-time to aid with basic medical needs. Are there any other physical concerns we should be aware of?

Signature of examining physician:

Date: _____

Print or type name: _____

Address: _____

Phone Number: _____

If you, as the prospective student's doctor, have any questions or concerns about our program, please get in touch with us. You may call the MAB office at 406-442-9411.