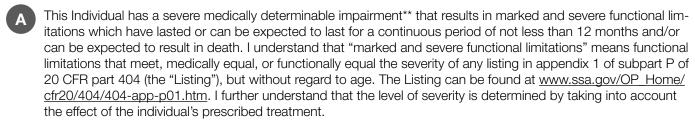


This form is for you to use to obtain a disability diagnosis certification from a licensed health care provider\*

As this ABLE Applicant's licensed health care provider, I certify, to the best of my knowledge:





- This individual is blind, meaning that [I have] [the beneficiary has] central visual acuity of 20/200 or less in the better eye with the use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered as having a central visual acuity of 20/200 or less.
- This Individual's severe and marked medically determinable impairment or blindness occurred before the Individual's twenty-sixth birthday or forty-sixth birthday (effective January 1, 2026).
- I am a Medical Doctor (MD) or Doctor of Osteopathy (DO), licensed to practice as such in the state in which I performed this diagnosis,

continued on next page







continued from page 1

\*Must be a doctor of medicine (MD) or a doctor of osteopathy (DO) who is legally authorized to practice medicine and surgery by the state in which s/he performs the diagnosis.

\*\*A medically determinable physical or mental impairment is an impairment that results from anatomical, physiological, or psychological abnormalities, which can be shown by medically acceptable clinical and laboratory diagnostic techniques. The medical evidence must establish a physical or mental impairment consisting of signs, symptoms, and laboratory findings—not only by the individual's statement of symptoms. 20 CFR 404.1528, 404.1529, 416.928, and 416.929 provide that symptoms, such as pain, fatigue, shortness of breath, weakness or nervousness, are an individual's own perception or description of the impact of his or her physical or mental impairment(s). 20 CFR 416.928 further provides that, for an individual under age 18 who is unable to adequately describe his or her symptom(s), the Social Security Administration will accept as a statement of this symptom(s) the description given by the person most familiar with the individual, such as a parent, other relative, or guardian. However, when any of these manifestations is an anatomical, physiological, or psychological abnormality that can be shown by medically acceptable clinical diagnostic techniques, it represents a medical "sign" rather than a "symptom." (See Social Security Ruling 96-4p)

As this ABLE Applicant's:	licensed health care provider, I am
documenting the Individual's primary diagnosis as require (ABLE) Act of 2014.	red by the Stephen Beck, Jr., Achieving a Better Life Experience
	_
Primary Diagnosis (ICD-10)	
Provider Print Name/Title	_
Provider Signature	/ / <b>Date</b> (mm/dd/yyyy)

