



Blinded Veterans Association
VIST Coordinator Verification Form
1101 King Street, Suite 300
Alexandria, VA 22314
(202) 371-8880 or (800) 669-7079
<https://bva.org>

VIST Name: _____

Title: _____

VA Facility: _____

Veteran's Name: _____

Branch of Service: _____

Enlistment Dates: _____

Served in: WWII _____ Korean _____ Vietnam _____ Persian Gulf _____ OEF _____
OIF _____ Peace time _____ Other _____

Dear BVA Membership Coordinator,

The above-named veteran expresses the desire to seek membership in the Blinded Veterans Association (BVA). It is understood that membership requires verification of military service and legal blindness.

_____ VA records show the above-named veteran meets the following criteria:

Central visual acuity of 20/200 or less in the better eye with corrective lenses, or a Visual field restriction of no greater than 20 degrees' or less in the better eye or ICD-10-CM Diagnosis Code H54.8 "Legal blindness, as defined in USA".

Signature: _____ Date: _____