

County of Hawai'i – Real Property Tax Division
Physician's Certified Report on Eye or Hearing
Examination or Disability for Tax Exemption Purposes
(Complete only one part, even if applicant has multiple disabilities)

Tax Map Key(s)/Parcel ID(s) _____

Applicant's Name _____

Address _____ Telephone No. _____

PART I EYE EXAMINATION: Must be done by an ophthalmologist or an optometrist

- a. Diagnosis _____
b. Vision without corrective lenses: OD: _____ OS: _____
c. Vision with corrective lenses: OD: _____ OS: _____
d. Is this applicant's visual acuity 20/200 or worse in the better eye with corrective lenses? [] Yes [] No
e. Is there a field defect in which the widest diameter of visual field subtends an angle no greater than 20 degrees? [] Yes [] No
f. Date first certifiable as legally "blind" _____
g. Should applicant be re-examined for tax purposes? [] Yes [] No If "yes", when? _____

PART II HEARING EXAMINATION: Must be done by an otolaryngologist or licensed audiologist

- a. Diagnosis _____
b. Hearing loss (500-2000 Hertz) without aid: Right _____ Left _____
(Decibels A.S.A. or A.N.S.I. 1969)
c. Is the applicant's average loss in speech frequencies (500-2000) Hertz in the better ear? 92 decibels or such other level as may be updated by A.N.S.I., or worse. [] Yes [] No
d. Date first certifiable as legally "deaf" _____
e. Should applicant be re-examined for tax purposes? [] Yes [] No If "yes", when? _____

PART III REPORT ON DISABILITY: Must be done by physicians licensed under Chap 453 or 460, HRS

- a. Diagnosis _____
b. Date first disable or unable to work _____ Date under your care (by year) _____
c. Diagnosis and pertinent symptoms or findings that preclude ability to engage in gainful work _____
d. Is the condition totally and permanently disabling? [] Yes [] No
e. If "No", when should applicant to re-examined for tax purposes? _____

CERTIFICATION BY A LICENSED PHYSICIAN, OTOLARYNGOLOGIST, LICENSED AUDIOLOGIST, OPHTHALMOLOGIST OR OPTOMETRIST

Based on the above report, I hereby certify that:

Applicant conforms to State definition of "Blind" [] "Deaf" [] or "Totally Disabled" [], OR
Applicant does not conform to the above definitions []

Date

Signature of Physician, Otolaryngologist, Audiologist, Ophthalmologist or Optometrist

License Number

Print Name of Physician, Otolaryngologist, Audiologist, Ophthalmologist or Optometrist

Date License Expires

Address of Physician Otolaryngologist, Audiologist, Ophthalmologist or Optometrist

Definitions:

“Blind” means a person whose central visual acuity does not exceed 20/200 in the better eye with correcting lenses, or whose visual acuity is greater than 20/200 but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle no greater than Twenty degrees. The impairment of sight shall be certified on forms prescribed by the Real Property Tax Division on the basis of a written report on an examination performed by a qualified ophthalmologist or qualified optometrist (Section 235-1, Hawai‘i Revised Statutes).

“Deaf” means a person whose average loss in the speech frequencies (500-2000 Hertz) in the better ear is ninety-two decibels or such other level as may be updated by A.N.S.I., or worse. The impairment of deafness shall be certified by a qualified otolaryngologist or licensed audiologist on forms prescribed by the Real Property Tax Division (Section 235-1, Hawai‘i Revised Statutes).

“Person totally disabled” means a person who is totally and permanently disabled, either physically or mentally, which results in the person’s inability to engage in any substantial gainful business or occupation. The disability shall be certified by a physician licensed under Chapter 453 or 460, or both, on forms prescribed by the Real Property Tax Division (Section 235-1, Hawai‘i Revised Statutes).

INSTRUCTIONS:

Purpose of Form 19-75A – Use Form 19-75A to certify blindness, deafness, or disability for tax purposes.

How to file – File the original copy of this form attached to Form 19-75, Claim for Disability, with the Real Property Tax Division.

Where to file -

County of Hawai‘i
Real Property Tax Division
Department of Finance

Aupuni Center, 101 Pauahi Street, Suite No. 4 Hilo, HI 96720
Telephone: (808) 961-8201

West Hawai‘i Civic Center, 74-5044 Ane Keohokalole Hwy., Bldg. D, 2nd Flr., Kailua Kona, HI 96740
Telephone: (808) 323-4880

FOR **INCOME TAX** DISABILITY EXEMPTION, CONTACT:

State of Hawai‘i
Department of Taxation
75 Aupuni St
or
P.O. Box 1377
Hilo, HI 96721-1377
Telephone: (808) 974-6321