

Name:		Last	First	Middle
Mailing Address:		City:	State:	Zip:
Residential Address:		City:	State:	Zip:
Drivers License #	Date of Birth:	Place of Birth (City, State & Country):		

It is necessary, in the interest of public safety, for the above named applicant to submit to an examination by a Vermont licensed Optometrist/Ophthalmologist to determine whether the eyesight of this applicant is such that s/he may be granted or allowed to retain an operator's license, or be permitted to operate a motor vehicle.

**** ALL QUESTIONS MUST BE ANSWERED IN FULL ****

THE FEE FOR THE EXAMINATION IS TO BE PAID BY THE INDIVIDUAL, NOT BY THE DEPARTMENT OF MOTOR VEHICLES. This form will be considered void if received by this Department more than six (6) months from the date the individual was examined by the Optometrist/ Ophthalmologist.

OCULAR COORDINATION:

- Does the applicant have simultaneous binocular vision? Yes No
- If not: ALTERNATING or FIXED ONE EYE.
- Does the applicant have diplopia? Yes No

VISUAL FIELD: (PLEASE INDICATE DEGREES)

1. Peripheral Angle:

Right Eye: Degrees Temporal _____ Degrees Nasal _____
 Left Eye: Degrees Temporal _____ Degrees Nasal _____

(Must Be 60° or More Temporal Each Eye)

2. If less than 60° in the temporal field, why? _____

(Continued on reverse)

COLOR VISION:

Does applicant have adequate perception for the following colors:

Red <input type="checkbox"/> Yes <input type="checkbox"/> No	Green <input type="checkbox"/> Yes <input type="checkbox"/> No	Yellow <input type="checkbox"/> Yes <input type="checkbox"/> No
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VISUAL ACUITY:

	Right Eye	Left Eye	Binocular
1. Without lenses:	20/	20/	20/
2. With present lenses:	20/	20/	20/

3. Do these lenses correct all of the other defects shown? Yes No N/A

SUMMARY AND REMARKS

1. If any subnormal conditions which you have reported here are in your opinion due to defects that are progressive, please advise in some detail. _____

2. Progress reports should be submitted to the Department of Motor Vehicles every:
_____ month(s) _____ year(s)

3. Should this operator be restricted to daylight operation only? Yes No.

4. Based upon my examination, and with due regard for public safety, it is my decision that the eyesight of the applicant:

Is sufficient **with** lenses to enable such applicant to operate a motor vehicle.

Is sufficient **without** lenses to enable such applicant to operate a motor vehicle.

Is **not** sufficient to enable such applicant to operate a motor vehicle.

Printed Name of Optometrist/Ophthalmologist	License Number	State of License
Address		
Title	Phone Number	
Signature		Date Examined