

CUSTOMER VISION REPORT

Purpose: Use this form to request vision examination information from your ophthalmologist or optometrist.

Instructions: Complete the Customer Information section and have your Ophthalmologist/Optomterist complete the Vision Examination section. The vision examination must be conducted within 90 days prior to submission of the report to DMV. Mail the completed report to the address above. Note: Any charges related to or incurred as part of the completion of this form are your responsibility.

DMV USE ONLY
 CSC STAFF - do NOT send MED 4 back with daily work unless there is an ocular condition or customer cannot be licensed due to a visual defect.

CUSTOMER INFORMATION (To be completed by customer PRIOR to vision examination)				
If you change either your residence/home address or mailing address to a non-Virginia address, your driver license or photo identification (ID) card may be cancelled.				
NAME (last)	(first)	(mi)	(suffix)	CUSTOMER NUMBER (from your driver license) or SSN
RESIDENCE/HOME ADDRESS				<input type="checkbox"/> Check if this is a new address, your address will be changed on DMV's system.
CITY		STATE	ZIP CODE	CITY OR COUNTY OF RESIDENCE
MAILING ADDRESS (if different from above)				
CITY		STATE	ZIP CODE	DAYTIME TELEPHONE NUMBER ()

VISION EXAMINATION (to be completed by Ophthalmologist/Optomterist)						
FIRST EXAMINATION DATE(mm/dd/yyyy)		MOST RECENT EXAMINATION DATE(mm/dd/yyyy)		RECOMMENDED RESTRICTIONS	<input type="checkbox"/> May drive during daylight hours only <input type="checkbox"/> Must wear corrective lenses while driving	
VISUAL MEASUREMENTS (See Note "A" below)				VISION STANDARDS		
Uncorrected Visual Acuity	RIGHT EYE (OD)	LEFT EYE (OS)	BOTH EYES (OU)		DRIVER'S LICENSE: ► 20/40 or better vision in one or both eyes, and ► 100 degrees, or better, horizontal vision in one or both eyes. RESTRICTED TO DAYLIGHT HOURS ONLY: ► 20/70 or better vision in one or both eyes, and ► 70 degrees, or better, horizontal vision. If vision is limited to only one eye, 40 degrees or better temporal and 30 degrees or better nasal are required. COMMERCIAL DRIVER'S LICENSE: (See Note "B" below) ► 20/40 or better vision in each eye ► 140 degrees or better horizontal vision	
Best Corrected Visual Acuity	RIGHT EYE (OD)	LEFT EYE (OS)	BOTH EYES (OU)			
Horizontal Visual Field (OU) (fields must be in degrees)	METHOD	TEMPORAL-OD	NASAL-OD	TEMPORAL-OS		
	Goldmann					
	Humphrey/Other					
Does the patient have any ocular condition(s) that would affect the safe operation of a motor vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate condition: <input type="checkbox"/> DIPLOPLIA <input type="checkbox"/> NYSTAGMUS <input type="checkbox"/> PTOSIS <input type="checkbox"/> AMAUROSIS <input type="checkbox"/> OTHER _____						

OPHTHALMOLOGIST/OPTOMETRIST CERTIFICATION			
MEDICAL PROVIDER NAME (print)		CHECK BOX THAT APPLIES: <input type="checkbox"/> OPHTHALMOLOGIST <input type="checkbox"/> OPTOMETRIST	
MEDICAL LICENSE NUMBER	EXPIRATION DATE (mm/dd/yyyy)	STATE ISSUING LICENSE TO PRACTICE	
BUSINESS ADDRESS			TELEPHONE NUMBER ()
CITY	STATE	ZIP CODE	FAX NUMBER ()
MEDICAL PROVIDER SIGNATURE			DATE (mm/dd/yyyy)

- A** Visual requirements must be met without the aid of a telescopic lens. Some drivers may be granted waivers from these vision requirements.
- B** If you are unable to meet Virginia minimum vision requirements for a commercial driver's license or instruction permit, you may apply to Medical Review Services for a disability waiver to qualify for an intrastate only CDL or instruction permit, provided you meet the Federal Motor Carrier Safety Regulations (FMCSR) minimum vision requirements in one eye:
 At least 20/40 visual acuity, and 120 degrees horizontal vision.

If you have questions or need more information to complete this form, call Medical Review Services (804) 367-6203.