

**FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
REPORT OF EYE EXAMINATION**

I hereby authorize (**PRINT DOCTOR'S FULL NAME**) \_\_\_\_\_ to give me this vision examination and to submit this report and recommendations to the Division of Motorist Services.

Applicant's Signature \_\_\_\_\_ Florida Driver License Number \_\_\_\_\_

Applicant's Address, Street & Number \_\_\_\_\_ City and State \_\_\_\_\_

**CERTIFICATION OF EYE SPECIALIST**

**I AM LICENSED TO PRACTICE OPHTHALMOLOGY/OPTOMETRY AND CERTIFY THAT I HAVE PERSONALLY EXAMINED THE EYES OF**

**Print Patient's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  **OPTOMETRIST**  
 **OPHTHALMOLOGIST**

**THAT A TRUE RECORD OF THIS EXAMINATION APPEARS ON THE FORM BELOW, AND THAT SAID APPLICANT SIGNED ABOVE IN MY PRESENCE.**

Exam Date \_\_\_\_\_ Signature of Eye Specialist \_\_\_\_\_

Physician License Number: \_\_\_\_\_ Business Address \_\_\_\_\_

Form not valid after (1) year from exam date Telephone \_\_\_\_\_

Date Corrective Lenses Issued: \_\_\_\_\_ Signature of Eye Associate: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

*Table 1: Patient Vision*

DISTANT VISION ONLY	RIGHT EYE	LEFT EYE	BOTH EYES
VISION UNCORRECTED	20/	20/	20/
VISION WITH BEST CORRECTION	20/	20/	20/

- |    | YES                      | NO                       |   |
|----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Will lenses improve applicant's acuity? Are they being fitted? _____  |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | In your opinion, would the wearing of corrective lenses be advisable for driving purposes? If not, why? _____   |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Is there evidence of eye disease or injury that would affect the driving ability? If so, please describe: _____<br>Can it be compensated for? _____   |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | In your opinion, should the patient be restricted to "Daylight Driving Only?"   |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Do you recommend that a driver license be denied on visual grounds? If so, upon what grounds? _____   |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Does applicant meet the required minimum of 130 degrees of uninterrupted horizontal visual field? If not, a charted field must be submitted. Either a Goldmann kinetic III-4e or equivalent or a Humphrey Esterman program is required. Static automated 30 degree and 60 degree fields are NOT acceptable. |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Should patient have vision checked more frequently than the driver license renewal period? If yes, medical reason must be listed: _____ How often? _____  |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | On the basis of your clinical observation, visual or otherwise, do you recommend applicant be required to pass a driving test? If yes, please explain: _____  |

**\*NOTE: IF THERE IS ANY IMPROVEMENT WITHOUT ADVERSELY AFFECTING THE PATIENT'S CONDITION, CORRECTIVE LENSES MUST BE WORN.**

**ATTENTION ALL APPLICANTS**

**ALL APPLICANTS WHO FAIL TO MEET MINIMUM VISION REQUIREMENTS MUST TAKE THIS FORM TO THEIR EYE SPECIALIST, AFTER IT IS COMPLETED, THIS FORM MUST BE RETURNED TO THE DRIVER LICENSE EXAMINING OFFICE.**

**INSTRUCTIONS TO THE EYE SPECIALIST**

All applicants for licenses and persons being re-examined are given simple vision tests by driver license examiners; but when more accurate measurements are needed, when an improvement in vision would add to safety, or when unusual eye defects are found, the person is asked to visit an eye specialist. A report from such specialist is particularly valuable if the fitness of a driver is questioned in court, or following a crash. In some cases, examinations by more than one specialist are requested as stated in the next paragraph.

A difference of more than 20 points between the eye specialist's readings and the examiner's readings will warrant referral to a second eye specialist ONLY if that difference results in the applicant not meeting the minimum vision standards for licensing in Florida. No recommendations or suggestions as to which specialist to visit are given by the driver license examiners. Only reports from licensed eye specialists will be acceptable. The eye specialist assumes no responsibility in making this report other than that of representing the facts.

**FLORIDA MINIMUM VISUAL STANDARDS FOR LICENSING**

**All drivers are required to have the best possible vision**

**Worse than 20/40...**In either eye, with or without corrective lenses, are referred to a licensed eye specialist for possible improvement.

**20/70.....**In either eye, or both eyes together may pass with or without corrective lenses, if vision cannot be improved; however if one eye is blind or 20/200 or worse, the other eye must be 20/40 or better.

**130 degrees.....**Minimum acceptable field of vision.

**The use of telescopic lenses to meet visual standards is not recognized in Florida.**

**HSMV 72010 S (Rev 5/14), 15A-1.013, F.A.C.**

**MEDICAL CASE**