

DEPARTMENT OF MOTOR VEHICLES  
 Agency of Transportation

 120 State Street  
 Montpelier, Vermont 05603-0001  
 802.828.2000  
 888.99-VERMONT  
 dmv.vermont.gov

<b>Name:</b>		<b>Last</b>	<b>First</b>	<b>Middle</b>
<b>Mailing Address</b> ( Street, Road or PO Box ):		<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Residential Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Drivers License #</b>		<b>Date of Birth:</b>		<b>Place of Birth (City, State &amp; Country):</b>

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:**

1. Does the applicant have simultaneous binocular vision?     Yes             No
2. If not:     ALTERNATING            or             FIXED ONE EYE.
3. 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? \_\_\_\_\_

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**(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**

- If any subnormal conditions which you have reported here are in your opinion due to defects that are progressive, please advise in some detail. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Progress reports should be submitted to the Department of Motor Vehicles every:  
 \_\_\_\_\_ month(s) \_\_\_\_\_ year(s)
- Should this operator be restricted to daylight operation only?  Yes  No.
- 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.

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