



WV Division of
Rehabilitation Services
P. O. Box 1004
Institute, WV 25112

Vision Screening Report Form for the West Virginia Bioptic Driving Program

Authority for this requirement is based on laws of the State of West Virginia, relating to issuance of a "Class G - bioptic" driver's license

Purpose: Vision screening and vision re-examination procedures are a required part of Class G (bioptic) driver's training and driver licensing. Vision specialists are requested to use this form to provide preliminary visual information needed by the WV Division of Rehabilitation Services and the WV Division of Motor Vehicles to assist them in determining if the applicant listed below is an appropriate candidate for the WV Bioptic Driving Program.

Instructions to Applicant:

1. Take this form with you to a licensed vision specialist (optometrist or ophthalmologist) of your choice and obtain a complete vision examination.

Instructions to Vision Specialist:

1. To qualify for the WV Bioptic Driving Program an applicant must present the following from a visual standpoint:
 - Visual acuity of 20/70 - 20/200 inclusive in the better eye with best standard correction;
 - Visual field of at least 120 degrees horizontally and 80 degrees vertically in the same eye as used for visual acuity determination;
 - Improved visual acuity of 20/40 or better using a 4x maximum bioptic telescope;
 - No serious color vision deficits;
 - No ocular diagnosis or prognosis that is likely to deteriorate below the protocol levels of visual acuity and visual field as stated above.
2. After providing a vision examination on the applicant, mail or fax the completed form with copies of visual field test results to: WVDRS, Attn: Bioptic Driving Program, Building A, P.O. Box 1004, Institute, WV 25122, Fax: (304) 766-4814.
3. If not involved in the preliminary evaluation, fitting and prescription of a bioptic lens system for the applicant, leave page 3 of this vision screening report form blank. Such services will be completed later by the Optometric Consultant for the WV Division of Rehabilitation Services.

Applicant Information

Name: Last		First		Middle	
Address: Street		City		County State Zip	
Birth Date: mm/dd/yy		Phone: Home		Cell	
Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F		Marital status:		Education level:	
<input type="checkbox"/> New driver		<input type="checkbox"/> Experienced driver, WV Driver License #			
<input type="checkbox"/> Out of State bioptic driver		State:		Driver License #	



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↓ Vision Specialist Examination ↓

First examination with us? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last examination with us:
Date of last examination with other eye specialist:	Where?

Unaided Acuity			Aided Acuity (present Rx)			Aided acuity with new standard Rx		
O.D.	O.S.	O.U.	O.D.	O.S.	O.U.	O.D.	O.S.	O.U.

Refractive error	O.D.
	O.S.

Applicant's funduscopy and lens examination:

Visual fields (Required test: 120 Point 3-Zone Screening Test using a Humphrey's Automated Perimetry Field Analyzer or equivalent testing apparatus using test III size stimulus)

O.D. Horizontal	
O.D. Vertical	

O.S. Horizontal	
O.S. Vertical	

Visual Fields <input type="checkbox"/> Meet; <input type="checkbox"/> Do Not Meet program requirements stated on page 1

Visual Diagnosis:
Visual condition: <input type="checkbox"/> Stable <input type="checkbox"/> Progressive <input type="checkbox"/> Undetermined

Specialist's Name (print)		License or certificate #	
Address:	Street	City	State Zip
Phone:			Fax: <input type="checkbox"/>
Signature:		Date Signed:	

Eye examination must be completed within 6 months of entry to the Bioptic Driving Program



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↓ Bioptic Evaluation, Fitting and Prescription ↓

Instructions to Applicant:

1. Along with the results listed on pages 1 & 2 of this Vision Screening Report Form, take page 3 of this form with you to a licensed vision specialist (optometrist or ophthalmologist) of your choice or optometric consultant of the WV Division of Rehabilitation Services who will be responsible for evaluating, fitting and prescribing a bioptic lens system for you for visual assistance in the driving task.

Instructions to Vision Specialist:

1. Please provide an evaluation and answers to questions as listed below if applicant requires the use of a bioptic lens system for visual assistance in the driving task.

2. After completion of the examination and/or bioptic evaluation, fitting and prescription on applicant, mail or fax completed form to: WVDRS, Attn: Bioptic Driving Program, Building A, P.O. Box 1004, Institute, WV 25122, Fax: (304) 766-4814.

a. Do you recommend that the applicant use a bioptic for driving purposes? Yes ___ or No ___

b. Best corrected visual acuity through the carrier lens: O.D. 20/___ O.S. 20/___ O.U. 20/___

c. Best corrected visual acuity through the bioptic lens: O.D. 20/___ O.S. 20/___ O.U. 20/___
 Is a bioptic lens system needed by applicant for driving purpose? ___

e. Indicate the bioptic lens system you recommend for this applicant after the vendor's name listed below or other (include style, frame, prescription requirements, etc.):

- Designs for Vision, Inc: _____
- Conforma: _____
- Ocutech, Inc: _____
- Spitzberg Optical: _____
- Other: _____

Specialist's Name (print)		License or certificate #	
Address: Street	City	State	Zip
Phone:		Fax:	
Signature:		Date Signed:	

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