

**STATE OF WEST VIRGINIA
DEPARTMENT OF TRANSPORTATION
DIVISION OF MOTOR VEHICLES**

VISION SPECIALIST'S EXAMINATION RESULTS AND CERTIFICATION

This form must be returned with your application for renewal of your West Virginia driver's license. The examination must be performed within 90 days of license renewal, and be completed in the English language. **Not for commercial driver use.**

WV Driver License #:		Date:
Applicant's Full Name:		Date of Birth:
Complete Address:		

I, _____ (patient signature), hereby authorize (eye specialist) _____ to give me a visual examination, and to submit the report and recommendations to the Division of Motor Vehicles. The eye specialist assumes no responsibility by completing this report other than representing the facts.

Distant Vision Only (No Bioptic/Telescopic)	Right Eye		Left Eye		Both Eyes	
Vision Uncorrected	20/		20/		20/	
Vision with Best Correction	20/		20/		20/	

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Are corrective lenses needed to meet vision requirements for driving? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there any loss of visual field? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is there evidence of eye disease or injury that would affect driving ability? | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, please describe: _____ | | |
| Can this be corrected or compensated for and in what ways: _____ | | |
| 4. In your opinion, does this person have sufficient vision to operate a motor vehicle safely? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Should there be any restrictions imposed such as corrective lenses, daylight driving only, or no interstate? | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, what restrictions? _____ | | |
| Comments: _____ | | |
| 6. Has this applicant had cataract or refractive surgery that would affect visual status while driving? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. If appropriate, can the corrective lenses restriction be removed from the driver's license? | <input type="checkbox"/> | <input type="checkbox"/> |

CERTIFICATION OF VISION SPECIALIST

I, _____, being licensed to practice in the U.S., certify that I have personally examined the vision of the above named individual. The patient signed this form in my presence and a true record of this examination appears on this report.

Signature of examining doctor: _____ Date: _____

Business address: _____ Telephone: _____

West Virginia Legislative Rule Title 91, Series 5, section 3.4.b sets the vision standard for drivers at a corrected visual acuity of at least 20/60 in one eye with no evidence of disease or rapid deterioration of vision. This assessment must come from an optometrist or ophthalmologist and must state that the individual has sufficient vision to safely operate a motor vehicle.

DMV Use Only:	Date:	DMV Location	Employee Initials or ID#
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