

Vision Screening Form

This form may be used to record:
 • MVA's vision screening results, if the screening has taken place • Your vision specialist's examination results

Driver/Patient's full name: _____

Driver/Patient's Maryland driver's license number: _____

MVA Vision Screening Results: Findings from MVA's Vision Screening (For MVA use only)

| | | | | | | |
|----------------------------|-----------|----------|-----------|------------------------------|------------------------------|---------------|
| | Right Eye | Left Eye | Both Eyes | Field of Vision Continuous? | Color vision problems? | MVA employee: |
| Acuity without lenses | 20/ | 20/ | 20/ | | | |
| Acuity with present lenses | 20/ | 20/ | 20/ | <input type="checkbox"/> yes | <input type="checkbox"/> yes | MVA office: |
| Field of Vision (degrees) | degrees | degrees | degrees | <input type="checkbox"/> no | <input type="checkbox"/> no | Date: |

Vision Specialist's Examination Results and Certification

Vision Exam Date: _____ Diagnosis, if applicable: _____

| | | | | | |
|--|-----------|----------|-----------|---|---|
| | Right Eye | Left Eye | Both Eyes | Binocular Vision? | Please Note: The Snellen test must be used |
| Acuity without lenses | 20/ | 20/ | 20/ | | |
| Acuity with present lenses | 20/ | 20/ | 20/ | <input type="checkbox"/> yes <input type="checkbox"/> no | Please do not enter acuities achieved by telescopic lenses in this chart. |
| Acuity with best standard spectacle correction | 20/ | 20/ | 20/ | | |
| Field of Vision (in degrees) | degrees | degrees | degrees | | |

- Are corrective lenses (standard spectacle) needed to meet vision requirements for driving? yes no
 If corrected lenses are needed, has this patient acquired the lenses? yes no
 - Will treatment improve this patient's vision for driving? yes no
 If yes, please describe: _____
 - Does this patient meet the continuous field of vision requirements specified by the MVA? yes no
 - Did the visual examination reveal any optical or medical reason that could preclude granting a license? yes no
 (If yes, please submit a complete report for the MVA's Medical Advisory Board.)
 - For commercial licenses only: Can this patient distinguish between red, green and amber colors? yes no
- Even if this individual is presently eligible to renew by mail, I understand I may contact the Medical Advisory Board for follow-up if I later detect any change in visual acuity that may affect fitness to drive.

I certify under penalty of perjury that the information contained hereon is true and accurate to the best of my knowledge, information and belief.

Ophthalmologist/Optomestrist's Signature _____ Printed Name _____ Date _____

Licensed to practice: Medicine Ophthalmology Optometry in the state of : _____

Ophthalmologist/Optomestrist's Address _____ Phone Number _____