



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

VISION SCREENING REFERRAL

Preliminary vision screening indicates that you may not meet Ohio's vision standards to renew your driver license per Ohio Revised Code (R.C.) sections 4507.12 and 4506.09. **NOTE:** A hold will be placed on your driver license and you will not be able to legally drive a motor vehicle until you meet vision standards required for licensing.

In order to obtain an Ohio driver license, you may go to a driver license exam station for further vision testing, or visit an ophthalmologist or licensed optometrist of your choice who shall conduct a vision screening and certify the results on this form.

Return the completed form, within 30 days, to a deputy registrar license agency to verify whether vision screening results meet vision standards required for licensing.

LAST NAME (PRINTED)		FIRST NAME (PRINTED)			MIDDLE INITIAL (PRINTED)	
LICENSE NUMBER	CLASS		DX CUSTOMER KEY NUMBER			

I hereby authorize and request information regarding my visual condition be released to the Special Case Unit, Bureau of Motor Vehicles.

APPLICANT SIGNATURE X	DATE
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DEPUTY REGISTRAR VISION SCREENING RESULTS

DRIVER EXAM STATION VISION SCREENING RESULTS

	ACUITY			HORIZONTAL FIELD			ACUITY			HORIZONTAL FIELD		
	Right	Left	Both	Right	Left		Right	Left	Both	Right	Left	
WITHOUT LENSES	20/	20/	20/	TEMP			20/	20/	20/	TEMP		
WITH LENSES	20/	20/	20/	NAS			20/	20/	20/	NAS		
Date	Unit			Date	Unit							

VISION SPECIALIST: R.C. 4507.12 requires that driver license applicants pass a vision screening before obtaining a driver license. When unable to pass, they are asked to visit an ophthalmologist or licensed optometrist for an examination to determine if their vision can be improved sufficiently to qualify for a license. **PLEASE COMPLETE THIS FORM AND RETURN TO APPLICANT AFTER EXAM.**

1. VISUAL ACUITY	PRESENT ACUITY			ACUITY WITH NEW CORRECTION		
	Right	Left	Both	Right	Left	Both
	WITHOUT LENSES	20/	20/	20/	20/	20/
WITH LENSES	20/	20/	20/			

2. VISUAL FIELD Does the applicant have a normal visual field in each eye as screened by standardized techniques? Yes No, If "No" please provide the peripheral extent of the visual field measured by using a 10 mm white target.

Visual Field	Right Eye	Left Eye
Temporal	Degrees	Degrees
Nasal	Degrees	Degrees

3. Except for normal deterioration due to aging, does the applicant have a progressive visual deficiency?
 Yes No, If "YES", please describe condition _____

Due to this condition, is it necessary for the Bureau of Motor Vehicles to require yearly vision screenings? Yes No

4. COLOR VISION Did the applicant (commercial drivers only) pass the color vision test (Farnworth D-15)? Yes No

VISION SPECIALIST CERTIFICATION – The information that I have provided is based upon my examination of the person named hereon.

VISION SPECIALIST NAME (PRINTED)			
VISION SPECIALIST SIGNATURE X			DATE
BUSINESS ADDRESS (STREET)		CITY	STATE
CERTIFICATION / LICENSE NUMBER		TELEPHONE NUMBER ()	