



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 a licensed 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 <b>X</b>	DATE
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**DEPUTY REGISTRAR VISION SCREENING RESULTS**

**DRIVER EXAM STATION VISION SCREENING RESULTS**

ACUITY						HORIZONTAL FIELD		ACUITY						HORIZONTAL FIELD	
	Right Eye	Left Eye	Both Eyes		Right Eye	Left Eye	Right Eye	Left Eye	Both Eyes		Right Eye	Left Eye			
<b>WITHOUT LENSES</b>	20/	20/	20/	TEMP			20/	20/	20/	TEMP					
<b>WITH LENSES</b>	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 a licensed ophthalmologist or licensed optometrist for an examination to determine if their vision can be improved sufficiently to qualify for a license. Ohio vision standards for driving are specified in Ohio Administrative Code (O.A.C.) 4501: 1.1-1-20

**PLEASE COMPLETE THIS FORM AND RETURN TO APPLICANT AFTER EXAM.**

1. **VISUAL ACUITY** Please provide visual acuities without lenses and/or with lenses for each eye and for both eyes together.  
(Note: Acuities using bioptic telescope glasses are not accepted on this form.)

PRESENT ACUITY			
	Right Eye	Left Eye	Both Eyes
<b>WITHOUT LENSES</b>	20/	20/	20/
<b>WITH LENSES</b>	20/	20/	20/

2. **VISUAL FIELD** Does the applicant have a normal visual field in each eye?  
 Yes  No  
 If "No", provide the peripheral extent of the visual field.  
 (Note: Prisms or other field expanders may not be used.)

VISUAL FIELD		
	Right Eye	Left Eye
<b>Temporal</b>	_____ Degrees	_____ Degrees
<b>Nasal</b>	_____ Degrees	_____ Degrees

3. **ANNUAL RE-TESTING** Except for normal deterioration due to aging, does the applicant have a progressive visual deficiency that makes it necessary for the Bureau of Motor Vehicles to require yearly vision screenings?  
 Yes  No  
 If "Yes", please describe condition: \_\_\_\_\_

4. **COLOR VISION** For commercial drivers only, did the applicant pass color vision testing (e.g., Farnsworth 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 <b>X</b>			DATE
BUSINESS ADDRESS (Street)		CITY	STATE
CERTIFICATION / LICENSE NUMBER		TELEPHONE NUMBER ( )	