

Division of Motor Vehicles

Vision Specialist's Exam Results and Certification



1-800-642-9066
www.dmv.wv.gov

**THIS EXAMINATION MUST BE PERFORMED BY A U.S. LICENSED OPHTHALMOLOGIST OR OPTOMETRIST.
THIS FORM IS NOT TO BE USED FOR DRIVERS THAT REQUIRE BIOPTIC LENSES.**

PART I • TO BE COMPLETED BY THE PATIENT | THE PATIENT MUST SIGN THIS FORM IN THE PRESENCE OF THE EXAMINING VISION SPECIALIST.

Patient Authorization

I hereby authorize the release of vision examination results to the WV Division of Motor Vehicles. The vision specialist is required to represent a true record of examination findings, but assumes no responsibility for licensing by completion of this form.

DRIVER'S LICENSE NUMBER	PATIENT'S SIGNATURE TO BE SIGNED IN THE PRESENCE OF THE VISION SPECIALIST (X)			DATE OF BIRTH	DAYTIME TELEPHONE NUMBER ()
PATIENT'S NAME (Please Print) (Last)	(First)	(Initial)			
PATIENT'S ADDRESS (Street)		(City)	(State)	(Zip Code)	

PART II • TO BE COMPLETED BY THE EXAMINING VISION SPECIALIST | NUMERICAL READINGS MUST BE PROVIDED

Distant Vision	Right Eye	Left Eye	Both Eyes
Uncorrected Vision Results	20 /	20 /	20 /
Best Corrected Vision Results	20 /	20 /	20 /
Horizontal Field of Vision	Degrees	Degrees	

- Are corrective lenses needed to meet vision requirements for driving? Yes No
- Is there evidence of eye disease or injury that would affect driving ability? Yes No
If so, please describe: _____
Can this be compensated for? Please describe how: _____
- In your opinion, does the patient have sufficient vision to operate a motor vehicle safely? Yes No
- Should there be any restriction(s) imposed such as corrective lenses, daylight driving only, or no interstate driving?
 Yes No If "YES", what are the restriction(s): _____
- If appropriate, can the corrective lenses restriction be removed from the driver's license? Yes No

PART III • REQUIRED FOR COMMERCIAL DRIVERS ONLY IN ADDITION TO PART II

The following questions must be answered by the examining vision specialist:

- Are corrective lenses needed for distant vision? Yes No
- Is there any uncorrectable double vision? Yes No
- Does this patient have monocular vision? Yes No
- Can the patient readily distinguish the colors of red, green, and amber? Yes No
- In your opinion, does this patient have sufficient vision to operate a commercial motor vehicle safely? Yes No

Certification of Vision Specialist

I hereby certify that I am licensed to practice Optometry or Ophthalmology in the U.S. and that I have personally examined the vision of the above named patient. Furthermore, the patient signed this form in my presence and a true record of the vision examination appears on this document.

Eye Specialist's Name (Please print in ink or type)	Medical License Number		
Business Address	City	State	Zip
Signature (X)	Date / /	Telephone Number ()	-