

# CUSTOMER VISION REPORT

**Purpose:** Use this form to request vision examination information from your ophthalmologist or optometrist.

**Instructions:** Complete the Customer Information section and have your Ophthalmologist/Optomtrist complete the Vision Examination section. The vision examination must be conducted within 90 days prior to submission of the report to DMV. Mail the completed report to the address above. Questions can be referred to Medical Review Services, 804-367-6203. Acceptable standards of vision for safe driving are determined by the Code of Virginia and DMV under the guidance of the Medical Advisory Board.

**Note:** Any charges incurred for the completion of this form are your responsibility.

**CSC STAFF** Do NOT send MED 4 back with daily work unless there is an ocular condition or customer cannot be licensed due to a MED 6 calculation.

**CUSTOMER INFORMATION (To be completed by customer PRIOR to vision examination)**

If you change either your residence/home address or mailing address to a non-Virginia address, your driver license or photo identification (ID) card may be cancelled.

NAME (last)	(first)	(mi)	(suffix)	CUSTOMER NUMBER (from your driver license) or SSN
RESIDENCE/HOME ADDRESS				BIRTHDATE (mm/dd/yyyy)
CITY		STATE	ZIP CODE	CITY OR COUNTY OF RESIDENCE
MAILING ADDRESS (if different from above)				
CITY		STATE	ZIP CODE	DAYTIME TELEPHONE NUMBER

**VISION EXAMINATION (to be completed by Ophthalmologist/Optomtrist)**

FIRST EXAMINATION DATE	MOST RECENT EXAMINATION DATE
Does the patient have any visual/ocular condition(s) that could affect the ability to drive a motor vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate condition below.	
Does the patient have any condition that would affect the peripheral visual field? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide a graphic visual field analysis to 120 degrees total in each eye. Preferably a HVF 30-2 AND 60-4 or other threshold perimetry test (see Note C on page 2 for the list of conditions requiring a Visual Field).	
PLEASE LIST ALL VISUAL/OCULAR CONDITION(S)	
PROVIDER COMMENTS	

**VISUAL MEASUREMENTS**

**Check applicable:**  Vision in both eyes  Vision Limited to RIGHT EYE (OD) ONLY  Vision Limited to LEFT EYE (OS) ONLY

VISUAL ACUITY (See Note "A" on page 2)			HORIZONTAL VISUAL FIELD (fields must be in degrees)				
Uncorrected Visual Acuity	RIGHT EYE (OD)	LEFT EYE (OS)	BOTH EYES (OU)	DMV Visual Field information: See Note C on page 2.			
				METHOD: (check one) <input type="checkbox"/> CONFRONTATION <input type="checkbox"/> AUTOMATED			
Best Corrected Visual Acuity	RIGHT EYE (OD)	LEFT EYE (OS)	BOTH EYES (OU)	TEMPORAL - OD	NASAL - OD	TEMPORAL - OS	NASAL - OS
				0-100 (degrees)	0-60 (degrees)	0-100 (degrees)	0-60 (degrees)

**OPHTHALMOLOGIST/OPTOMETRIST CERTIFICATION**

**PROVIDER:** Please FAX abnormal results to Medical Review Services, 804-367-1604.

MEDICAL PROVIDER NAME (print)	CHECK BOX THAT APPLIES: <input type="checkbox"/> OPHTHALMOLOGIST <input type="checkbox"/> OPTOMETRIST		
MEDICAL LICENSE NUMBER	EXPIRATION DATE (mm/dd/yyyy)	STATE ISSUING LICENSE TO PRACTICE	
BUSINESS ADDRESS			TELEPHONE NUMBER
CITY		STATE	ZIP CODE
MEDICAL PROVIDER SIGNATURE			DATE (mm/dd/yyyy)

**NOTES**

- A Acuity:** Visual Acuity should be recorded at the lowest line where an individual scores 100% correct. Whole numbers only. Visual requirements must be met without the aid of a telescopic lens. Some drivers may be granted waivers from these vision requirements.
- B. CDL Waiver:** Holders of or applicants for a Commercial Driver's License (CDL) or Commercial Learner's Permit (CLP), who are unable to meet Virginia minimum vision requirements may apply to DMV's Medical Review Services for a disability waiver to qualify for an intrastate only CDL or CLP, provided they meet the Federal Motor Carrier Safety Administration Regulations' minimum vision requirements. Color perception is required. Please have your eye care practitioner submit a graphic visual field analysis to 120 degrees in each eye.
- C. Visual Field (VF):** Individuals who have a high-risk condition that can reduce the usable field of vision should have a baseline Visual Field Analysis (VFA) performed. Conditions that are progressive, such as retinitis pigmentosa and glaucoma, will be reviewed by DMV annually. Repeat VF testing will be requested when changes are reported in the visual field or at a minimum of every 3 years.

**High Risk Ophthalmic Conditions Requiring a Visual Field Analysis:**

- Hemianopia (complete) and Quadrantanopia (complete). Partial hemianopic and quadrantanopic defects may be considered safe for driving if the individual demonstrates an adequate field of vision in the unaffected side and the affected side retains or regains 30 degrees temporally with 15 degrees above and below the horizontal line for the full 30 degrees.
- Bitemporal hemianopia may drive if combined nasal measurement meets the Virginia standard for horizontal vision of 40 degrees to one side and 30 degrees to the other side for a minimum of 70 degrees total as demonstrated by VFA.
- Other visual field loss from strokes, tumors or compressive disorders
- Glaucoma - Moderate to Severe stage
- Ischemic, traumatic, compressive, toxic, hereditary (Lebers) or malnutrition related optic neuropathy
- Optic neuritis
- Optic nerve head edema - papilledema
- Optic atrophy
- Proliferative diabetic retinopathy status post pan retinal photocoagulation
- Retinitis pigmentosa
- Retinal ischemia due to artery or vein occlusions and uveitis etiologies
- Retinal detachment
- Retinal laser procedures
- History of retinopathy of prematurity or radiation retinopathy

**Measuring Visual Fields for DMV Vision Reports:**

- To determine visual field loss, DMV requires the results of a visual field test that measures the central 24 to 30 degrees of the visual field; that is, the area measuring 24 to 30 degrees from the point of fixation. Acceptable tests include the Humphrey Field Analyzer (HFA) 30-2, HFA 24-2, Octopus 32 or equivalent threshold perimetry test. In addition, testing needs to be completed to 120 degrees (60 degrees from the point of fixation) i.e. HVF 60-4 or equivalent.
- Screening tests: DMV will not accept the results of visual field screening tests, such as confrontation tests, tangent screen tests, or automated static screening tests, to determine if the visual field meets DMV requirements when an individual has a condition that places them at high risk for visual field loss.
- Use of corrective lenses: Eyeglasses should not be worn during visual field testing because they limit the field of vision. Individuals may wear contact lenses to correct visual acuity during the visual field test to obtain the most accurate visual field measurements.
- Scotoma: A scotoma is a field defect or non-seeing area (also referred to as a "blind spot") in the visual field surrounded by a normal field or seeing area. When measuring the visual field, subtract the length of any scotoma, other than the normal blind spot, from the overall length of any diameter on which it falls.

**VISION STANDARDS**

**DRIVER'S LICENSE:**

- ▶ 20/40 or better vision in one or both eyes, *and*
- ▶ 110 degrees, or better, horizontal vision in one or both eyes.

**RESTRICTED TO DAYLIGHT HOURS ONLY:**

- ▶ 20/70 or better vision in one or both eyes, *and*
- ▶ 70 degrees, or better, horizontal vision.
- If vision is limited to only one eye, 40 degrees or better temporal and 30 degrees or better nasal are required.

**COMMERCIAL DRIVER'S LICENSE:  
(See Note "B" on page 2)**

- ▶ 20/40 or better vision in each eye
- ▶ 140 degrees or better horizontal vision