

EXPLANATION FOR EYE SPECIALIST

All applicants taking a driver's license examination in Texas are given simple vision tests. Any applicant who may need more accurate measurement; and any applicant who *fails to meet* the acuity score listed below is referred to an eye specialist.

	BEST EYE	POOREST EYE	ONE-EYED
Without Glasses		20/40	20/25
With Glasses	20/70		20/70

A report from a specialist is particularly valuable if the fitness of a driver is questioned in court, or following an accident. *In some cases examination by more than one specialist is requested.*

When wide variations occur in acuity scores, the examining officer will appreciate the opportunity of discussing same with you in order to improve the accuracy of our vision tests.

Please sign this report and list your medical license number. Also for proper identification please have the person examined sign the report in your presence.

If the case is an unusual one any additional comments which you may have will be appreciated. If needed, attach a separate sheet to this report. *The specialist assumes no responsibility in making this report other than that of truthfully representing the facts.*

The specialist will please check all applicable items:

- 1. Eye conditions present: a. Hyperopia b. Myopia c. Astigmatism d. Presbyopia e. Cataract
f. Traumatic Condition g. Suppression h. Poor Night Vision i. Strabismus
j. Poor Color Perception (k. Red l. Green m. Yellow) n. Other _____
- 2. Corrective lenses are being fitted for distant vision.
- 3. Corrective lenses will not improve distant vision.
- 4. Applicant would not accept corrective lenses.
- 5. Corrective lenses should not be worn for distant vision, because _____
- 6. Regardless of a qualifying acuity score corrective lenses should be worn for distant vision because _____

- 7. Applicant should drive in daylight only.
- 8. Other treatment to improve vision is recommended.
- 9. Due to permanent eye condition, applicant need not be referred for visual reexamination at next renewal of driver's license.
- 10. Other _____

INSTRUCTIONS TO APPLICANT

The simple vision test on the drivers license examination shows that you would probably be a safer driver if you could see better. You are being asked to have your eyes examined by an eye specialist to determine whether your sight can be improved by glasses or treatment. If glasses will make you a safer driver, your license will permit you to drive only while wearing them.

In some cases examination by more than one specialist may be requested.

If you have any questions about how well you must be able to see to be granted the privilege of driving on the streets and highways of Texas, the examining officer will be glad to answer them.

<p>TEXAS DEPARTMENT OF PUBLIC SAFETY DRIVER'S LICENSE</p> <p>FULL NAME OF EXAMINEE: _____</p> <p>ADDRESS: _____</p>	<p style="text-align: center;">REPORT OF EXAMINER</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 25%;">ACUITY</th> <th style="width: 12.5%;">RIGHT EYE</th> <th style="width: 12.5%;">LEFT EYE</th> <th style="width: 12.5%;">BOTH EYES</th> </tr> </thead> <tbody> <tr> <td>WITHOUT GLASSES</td> <td>20/</td> <td>20/</td> <td>20/</td> </tr> <tr> <td>WITH PRESENT GLASSES</td> <td>20/</td> <td>20/</td> <td>20/</td> </tr> <tr> <td>COLOR</td> <td>Normal ()</td> <td>Red ()</td> <td>Green ()</td> <td>Amber ()</td> </tr> </tbody> </table> <p>SIGNATURE OF EXAMINER _____</p>	ACUITY	RIGHT EYE	LEFT EYE	BOTH EYES	WITHOUT GLASSES	20/	20/	20/	WITH PRESENT GLASSES	20/	20/	20/	COLOR	Normal ()	Red ()	Green ()	Amber ()				
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<p style="text-align: center;">CERTIFICATION OF SPECIALIST</p> <p>I, _____ certify that I have personally examined the eyes of the above named, that a true record of my examination appears here on and that he or she signed below in my presence.</p> <p>SIGNATURE OF SPECIALIST: _____</p> <p>BUSINESS ADDRESS: _____</p> <p>TELEPHONE NO. _____ MEDICAL LIC. NO. _____</p> <p>DATE OF EXAMINATION _____ EXAMINEE'S DRIVER'S LIC. NO. _____</p> <p>SIGNATURE OF EXAMINEE: _____</p>	<p style="text-align: center;">REPORT OF VISION SPECIALIST</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 25%;">ACUITY</th> <th style="width: 12.5%;">RIGHT EYE</th> <th style="width: 12.5%;">LEFT EYE</th> <th style="width: 12.5%;">BOTH EYES</th> </tr> </thead> <tbody> <tr> <td>WITHOUT GLASSES</td> <td>20/</td> <td>20/</td> <td>20/</td> </tr> <tr> <td>WITH PRESENT GLASSES</td> <td>20/</td> <td>20/</td> <td>20/</td> </tr> <tr> <td>WITH BEST CORRECTION</td> <td>20/</td> <td>20/</td> <td>20/</td> </tr> <tr> <td>COLOR</td> <td>Normal ()</td> <td>Red ()</td> <td>Green ()</td> <td>Amber ()</td> </tr> </tbody> </table> <p style="text-align: center;">FIELD OF VISION</p> <p>TO RIGHT OF POINT OF FIXATION _____</p> <p>TO LEFT OF POINT OF FIXATION _____</p> <p>TOTAL ANGLE _____</p>	ACUITY	RIGHT EYE	LEFT EYE	BOTH EYES	WITHOUT GLASSES	20/	20/	20/	WITH PRESENT GLASSES	20/	20/	20/	WITH BEST CORRECTION	20/	20/	20/	COLOR	Normal ()	Red ()	Green ()	Amber ()
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