EYE CARE PROFESSIONAL'S MEDICAL REPORT
P-142OP REV. 1-2013

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
DRIVER SERVICES DIVISION
ct.gov/dmv

DRIVER'S LICENSE NUMBER

CDL/PS ☐ YES ☐ NO

MAIL TO: DMV, Driver Services Division, 60 State Street, Wethersfield, CT 06161-2510

The patient named below has been referred to the DMV Driver Services Division concerning their ability to safely operate a motor vehicle. This medical report must reflect the results of the medical professional's (licensed physician, eye care professional, PA or APRN) personal examination of the patient performed within 90 days of this report being filed. It must be signed by the patient authorizing the medical professional to release this report and any attachments to DMV.

Address incident of

I hereby authorize the medical professional completing and signing this medical report to release such report to DMV and/or Bureau of Rehabilitative Services (BRS) along with any other medical information necessary to determine my fitness to safely operate a motor vehicle.

PATIENT'S SIGNATURE | **DATE**

PATIENT'S NAME *(Please Print)* | **DATE OF BIRTH** | **TELEPHONE NUMBER** ( )

PATIENT'S ADDRESS *(Street)* *(City)* *(State)* *(Zip Code)*

NO TELESCOPIC LENSES PERMITTED

SEE REVERSE SIDE FOR VISION STANDARDS

DATE OF LAST EXAMINATION	**VISUAL ACUITY** (SC)	**RE**	**LE**	**OU**
/ /	**(SNELLEN)** (CC)	**RE**	**LE**	**OU**

Are corrective lenses required for driving? ☐ **YES** ☐ **NO**

IF BOTH EYES ARE PRESENT, STATE UNINTERRUPTED **BINOCULAR** PERIPHERAL VISUAL FIELD IN THE HORIZONTAL MERIDIAN:

_____ (DEGREES)

IF ONLY ONE EYE PRESENT, STATE UNINTERRUPTED **MONOCULAR** PERIPHERAL VISUAL FIELD IN THE HORIZONTAL MERIDIAN:

_____ (DEGREES)

IF BEST CORRECTED VISION IS 20/70 OR WORSE, INDICATE CAUSE:

DOES THIS PATIENT HAVE ANY BLIND SPOTS: ☐ **YES** ☐ **NO** If YES, attach visual field test results

DOES THIS PATIENT HAVE HEMIANOPSIA: ☐ **YES** ☐ **NO**

DOES THIS PATIENT HAVE A DETERIORATING VISION CONDITION: ☐ **YES** ☐ **NO** If YES, identify condition:

IS THIS PATIENT COLOR BLIND (Red, Green and Amber): ☐ **YES** ☐ **NO**

HAS THIS PATIENT HAD REFRACTIVE SURGERY PERFORMED: ☐ **YES** ☐ **NO**

HAS THIS PATIENT HAD CATARACT SURGERY WITH LENS IMPLANTATION: ☐ **YES** ☐ **NO**

DMV MAY ISSUE A LICENSE SUBJECT TO PERIODIC STATUS REPORTS CONCERNING ANY CHANGES IN CONDITION(S). DOES THIS CONDITION WARRANT PERIODIC MEDICAL REPORTING? ☐ **YES** ☐ **NO** IF YES, PLEASE INDICATE THE CONDITION(S) AND RECOMMEND MONITORING INTERVAL(S):

CONDITION EVERY MONTHS FOR YEAR(S)

CONDITION EVERY MONTHS FOR YEAR(S)

ARE THERE OTHER CONDITION(S) THAT SHOULD BE EVALUATED BY ANOTHER SPECIALIST? ☐ **YES** ☐ **NO**

PLEASE EXPLAIN: _____

CONSIDERING THIS PATIENT'S CONDITION(S), DO YOU BELIEVE THIS PERSON MAY SAFELY OPERATE A MOTOR VEHICLE? ☐ **YES** ☐ **NO**

CONSIDERING THIS PATIENT'S CONDITION(S), DO YOU BELIEVE THIS PERSON SHOULD BE ROAD TESTED AND/OR EVALUATED FOR SPECIAL EQUIPMENT REQUIREMENTS? ☐ **YES** ☐ **NO**

DO YOU BELIEVE THIS PATIENT UNDERSTANDS THE RISK POSED BY HIS/HER CONDITION(S) WHICH MAY AFFECT HIS/HER ABILITY TO SAFELY OPERATE A MOTOR VEHICLE? ☐ **YES** ☐ **NO**

ADDITIONAL COMMENT(S):

MEDICAL PROFESSIONAL CERTIFICATION: I certify that I have personally examined the above named person within the 90 days preceding completion of this report. I swear or affirm under penalty of false statement in accordance with Connecticut General Statutes §14-110 and §53a-157b, and subject to penalties for perjury for a deliberate false statement, that the above information and any attachment hereto is true and correct.

MEDICAL PROFESSIONAL'S NAME *(Please Print)* **OFFICE ADDRESS** *(Zip Code)*

EYE CARE PROFESSIONAL

☐ **OPHTHALMOLOGIST** ☐ **OPTOMETRIST** ☐ **OTHER - indicate specialty:**

MEDICAL PROFESSIONAL'S SIGNATURE | **DATE** | **TELEPHONE NUMBER** ( ) | **MEDICAL PROFESSIONAL'S LICENSE NUMBER**

SEE SECOND PAGE FOR VISION STANDARDS

Health Standards for Licensing Decisions for
Operators of Motor Vehicles
Vision Standards

Minimum Physical Standards for Operators of Public Service Motor Vehicles and Service Buses Sec. 14-44-1. Minimum physical standards

(a) No person shall be issued a license for the operation of a public service motor vehicle or service bus pursuant to section 14-44 of the General Statutes or have such license renewed unless he first submits evidence on a form prescribed by the commissioner that he has successfully completed a physical examination given by a licensed doctor of medicine or osteopathy except that an optometrist may perform that portion of the medical examination which pertains to visual acuity, field of vision and the ability to recognize colors.

(b) A person shall be deemed to have successfully passed the physical examination required in subsection (a) of this regulation if the person.

(10) Has distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70‘ in the horizontal meridian in each.

Please Note: There is no vision waiver for an operator of public service vehicles or service buses.

Sec. 14-45a-1. Vision requirements

(a) An unlimited operator's license shall be issued or retained if the applicant or license holder meets the following visual standards:

(1) A minimum visual acuity of 20/40 (Snellen) or equivalent in both eyes or in the better eye with or without corrective lenses;

(2) An uninterrupted binocular visual field of at least 140º in the horizontal meridian, or a monocular field of at least 100º in the horizontal meridian; and

(3) No evidence of any other visual condition(s) which either alone or in combination will significantly impair driving ability.

(b) A person who has a best corrected visual acuity of worse than 20/40 but at least 20/70 in the better eye, an uninterrupted visual field of not less than 100º in the horizontal meridian, and no other visual condition(s) which alone or in combination will significantly impair driving ability, may be issued an operator's license with vehicle operation limited to daylight only or as otherwise determined by the commission in accordance with the provisions of section 14-36-4 of the Regulations of Connecticut State Agencies.

(c) The commissioner may waive the provisions of subsection (a) or (b) of this section if the applicant or license holder has a visual acuity of no worse than 20/70 (Snellen) or equivalent in the better eye with or without corrective lenses, has an uninterrupted binocular visual field of at least 100º in the horizontal meridian, or a monocular field of at least 70º in the horizontal meridian, has no other visual condition(s) which either alone or in combination will significantly impair driving ability, and demonstrates to the commissioner that he or she is able to operate a motor vehicle safely. The person's driving history and accident record shall be considered. If not otherwise required, the commissioner may request that the person take an on-the-road driving test, and the results of such test shall be considered in determining whether a waiver will be granted.

(d) A person who has a best corrected visual acuity better than 20/200 in the better eye, and has an uninterrupted visual field of at least 100º in the horizontal meridian, may be issued an operator's license containing such limitation(s) as the commissioner deems advisable after consideration of the person's vision, driving ability, driving needs and other relevant factors including the opinion of the person's physician, ophthalmologist, or optometrist. The person may be required to take an on-the-road driving test, and the opinion of the medical advisory board may be requested in accordance with Sections 14-45a-10 through 14-45a-17 of the Regulations of Connecticut State Agencies to determine whether a license shall be issued, and if so the limitation(s) that shall be imposed.

(e) No operator's license shall be issued or retained by a person who has a best corrected visual acuity of 20/200 (Snellen) or worse in the better eye, or has an uninterrupted binocular visual field of less than 100º in the horizontal meridian, or an uninterrupted monocular visual field of less than 70º in the horizontal meridian, or who has any other visual condition(s) which alone or in combination will significantly impair driving ability.

(Effective April 30, 1993)

Sec. 14-45a-4. Use of telescopic aids

An operator's license shall not be issued to an operator who uses spectacle mounted telescopic aids.