

**EYE CARE PROFESSIONAL'S
MEDICAL REPORT**
P-142OP REV. 8-2005

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
MEDICAL REVIEW DIVISION
On the Web At ct.gov/dmv



SEND TO: STATE OF CONNECTICUT, DMV, MEDICAL REVIEW DIVISION, 60 STATE ST, WETHERSFIELD, CT 06161-2510

PATIENT'S NAME	DATE OF BIRTH	TELEPHONE NUMBER
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ADDRESS

DATE OF EXAM (WITHIN 90 DAYS) / /	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 PERSON HAVE ANY BLIND SPOTS: YES NO If YES, attach results of visual field test results

DOES THIS PERSON HAVE HEMIANOPSIA: YES NO

IS THIS PERSON COLOR BLIND (Red, Green and Amber): YES NO

HAS THIS PERSON HAD REFRACTIVE SURGERY PERFORMED: YES NO

HAS THIS PERSON HAD CATARACT SURGERY WITH LENS IMPLANTATION: YES NO

DOES THIS PERSON HAVE A DETERIORATING VISION CONDITION: YES NO If YES, identify disease/condition

DMV MAY ISSUE A LICENSE TO A PERSON SUBJECT TO PERIODIC REPORTS CONCERNING ANY CHANGES IN THAT PERSON'S MEDICAL/PHYSICAL CONDITION(S). DO YOU THINK IT WOULD BE ADVISABLE FOR DMV, BECAUSE OF THE NATURE OF THIS PERSON'S VISION CONDITION(S) TO CONSIDER SUCH PERIODIC REPORTS: YES NO IF YES, PLEASE INDICATE BELOW CONDITIONS(S) AND RECOMMENDED MONITORING INTERVALS(S):

CONDITION: _____ EVERY _____ MONTHS FOR _____ YEARS

CONDITION: _____ EVERY _____ MONTHS FOR _____ YEARS

DOES THIS PERSON HAVE ANY OTHER MEDICAL CONDITION YOU ARE AWARE OF THAT MAY AFFECT HIS/HER ABILITY TO DRIVE: YES NO

IF YES, BRIEFLY EXPLAIN: _____

CONSIDERING THIS PERSON'S MEDICAL/PHYSICAL CONDITIONS(S), DO YOU BELIEVE THIS PERSON APPEARS MEDICALLY ABLE TO OPERATE A MOTOR VEHICLE SAFELY: YES NO

IF NO, PLEASE EXPLAIN: _____

NO TELESCOPIC LENSES PERMITTED

SEE REVERSE SIDE FOR VISION STANDARDS

I CERTIFY THAT I HAVE PERSONALLY EXAMINED THE ABOVE NAMED PERSON'S VISION WITHIN THE PERIOD OF 90 DAYS PRECEDING COMPLETION OF THIS REPORT. IN THE INTEREST OF PUBLIC SAFETY, I AM SUBMITTING THIS REPORT TO THE DEPARTMENT OF MOTOR VEHICLES FOR USE IN MAKING AN ASSESSMENT CONCERNING THE ABOVE-NAMED PERSON MEETING THE REQUIRED STANDARDS TO HOLD A CONNECTICUT MOTOR VEHICLE OPERATOR'S LICENSE.

EYE CARE PROFESSIONAL'S NAME (PLEASE PRINT): _____ OFFICE ADDRESS: _____

EYE CARE PROFESSIONAL'S TYPE OF DEGREE:
 OPHTHALMOLOGIST OPTOMETRIST OTHER - indicate specialty: _____

EYE CARE PROFESSIONAL'S SIGNATURE: _____ DATE: _____ TELEPHONE NO.: _____ EYE CARE PROFESSIONAL'S LICENSE NO.: _____

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

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 140° in the horizontal meridian, or a monocular field of at least 100° 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 100° 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 100° in the horizontal meridian, or a monocular field of at least 70° 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 100° 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 100° in the horizontal meridian, or an uninterrupted monocular visual field of less than 70° 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)