

Driver & Identification Services P.O. Box 9204, Des Moines, IA 50306-9204 515 - 244-8725 FAX: 515 - 239-1837

## VISION REPORT FOR OFFICE USE ONLY Customer No. Date Requested Requested By \* Reason Requested: \* Image: State of the state of

Under the authority granted the Department, a vision report may be requested for licensing when the vision screening conducted at the licensing location cannot attain a reading of 20/40 acuity or when there is reason to believe that a person may have a visual condition that would interfere with his/her ability to safely operate a motor vehicle. Licensing consideration may be refused until the necessary information is provided.

Take this form to your vision specialist to be completed. This vision report will not be made available to the public unless you give written authorization naming the people you want to receive the information. Payment for any necessary examination and the preparation of this report is the responsibility of the applicant. All applicable information is required. Failing to provide the information may result in denial/withdrawal of lowa driving privileges.

When this form is completed, it should be mailed or brought to:

## To be signed by license applicant

I authorize my vision specialist(s) to disclose visual and medical information to the Iowa Department of Transportation which relates to my fitness to safely operate a motor vehicle. I understand that this authorization includes permission for the Department to have this information reviewed by The Medical Advisory Board, if necessary.

A photocopy or exact reproduction of this authorization, as duly executed, shall have the same force and effect of this original.

| Last Name: | First Name:    |         | Middle N | lame:         | _ Suffix: |
|------------|----------------|---------|----------|---------------|-----------|
| Street:    | City:          |         | State:   | ZIP Code:     |           |
| DL No.:    | Date of Birth: | Gender: |          | Phone Number: |           |

Signature of license applicant:

|  |   | To be comple  | eted by vision specialis                 | st  |                   |  |  |  |
|--|---|---|--|---|-------------------|--|--|--|
| ACUITY                                   | Without Correction  | With Correction   | *With New RX                             | VISUAL FIELD  |                   |  |  |  |
| Right Eye                                | 20/   | 20/   | 20/                                      | Right: Temporal   | Nasal             |  |  |  |
| Left Eye                                 | 20/   | 20/   |  | Left : Temporal   | Nasal             |  |  |  |
| Both Eyes                                | 20/   | 20/   | 20/                                      |   |                   |  |  |  |
| 2. Do you co                             | applicant possess new len<br>nsider this applicant visual<br>& prognosis of eye conditi | ly competent to operate a                                 |  | ] Yes 🗌 No  |                   |  |  |  |
|  | nded restrictions:<br>(specify)   | No driving when head   Maximum speed                      | mph                                      | No interstate or fre  |                   |  |  |  |
| Yes N<br>6. Does this ind                | io If yes, when is<br>lividual have any other cor                                       | the next report required?<br>dition(s) that alone or in c | 6 months 1 yea<br>combination with the v | ion to the driver license statior<br>r2 years other<br>isual deficit may impair their d |                   |  |  |  |
| Yes N                                    | lo li yes, piease e   |   |  |   |                   |  |  |  |
|  |   |   | NOTE: The date                           | of examination must be within   |                   |  |  |  |
| Date of Examination:                     |   |   |  | 30 days of application for a license.   |                   |  |  |  |
| Vision Specialist's Name (please print): |   |   | License Number.                          |   | Telephone Number. |  |  |  |
| Street Address:                          |   |   | City.                                    | State.  | ZIP Code          |  |  |  |
| Vision Specialist's                      | Signature:  |   | 1  | Date:   |                   |  |  |  |

lowa Law requires all applicants to pass a satisfactory vision screening.

The vision screening given by the Driver License Examiner indicates that your visual acuity is less than the standard minimum of 20/40 or your peripheral vision is less than the standard minimum of 140 binocular, as established by the Department. In all probability you will be a much safer driver with improved vision. Therefore, you are being asked to have your eyes examined by a vision specialist of your choice to determine whether your vision can be improved by corrective lenses or treatment. Please return the completed form to the Driver License Examiner. If new lenses are prescribed, please pick them up before you return to the Driver License Examiner.

## **Explanation for Vision Specialist**

All applicants for licenses and some drivers whose records cast doubt on their ability to drive safely are given a vision screening, conducted by Driver License personnel. When more accurate measurements are needed, when improvement in vision would add substantially to safety, or when unusual eye defects are apparent, the person is asked to visit a vision specialist.

You are asked to fill in the form and identify the restrictions necessary for the safe operation of a motor vehicle. If the case is an unusual one, any additional comments you may have would be appreciated. Attach a separate sheet if needed.

lowa law allows for an applicant to have their visual acuity and peripheral vision tested by a vision specialist with no follow-up by Driver License personnel. The applicant would need acuity of 20/40 or better and a peripheral field of 140 or better to be licensed without any special restrictions. Please ensure that applicants for whom new lenses are prescribed actually pick up the lenses before they go to the Driver License Examiner/Issuance Station for testing or renewal.

Please sign this report and include your address, phone number and license number for proper identification.

lowa vision standards can be reviewed at http://www.legis.state.ia.us/aspx/ACODocs/DOCS/4-21-2010.761.604.pdf.