OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

VISION SCREENING REFERRAL

Preliminary vision screening indicates that you may not meet Ohio's vision standards to be issued a driver license per Ohio Revised Code (R.C.) sections 4507.12 and 4506.09. **NOTE**: A hold will be placed on your driver license and you will not be able to legally drive a motor vehicle until you meet vision standards required for licensing.

In order to obtain an Ohio driver license, you may go to a driver license exam station for further vision testing, or visit a licensed ophthalmologist or licensed optometrist of your choice who shall conduct a vision screening and certify the results on this form.

Return the completed form, within 30 days, to a deputy registrar license agency to verify whether vision screening results meet vision standards required for licensing.

LAST NAME (Printed)	FIRST NAME (Printed)	MIDDLE INITIAL (Printed)

LICENSE NUMBER	CLASS	DX CUSTOMER KEY NUMBER

I hereby authorize and request information regarding my visual condition be released to the Special Case Unit, Bureau of Motor Vehicles.

APPLICANT SIGNATURE	DATE
X	

DEPUTY REGISTRAR VISION SCREENING RESULTS

	ACUITY			HORIZONTAL FIELD		
	Right Eye	Left Eye	Both Eyes		Right Eye	Left Eye
WITHOUT LENSES	20/	20/	20/	TEMP		
WITH LENSES	20/	20/	20/	NAS		

Date Unit

DRIVER EXAM STATION VISION SCREENING RESULTS

	ACUITY			HORIZONTAL FIELD		
	Right Eye	Left Eye	Both Eyes		Right Eye	Left Eye
WITHOUT LENSES	20/	20/	20/	TEMP		
WITH LENSES	20/	20/	20/	NAS		

Date Unit

VISION SPECIALIST: R.C. 4507.12 requires that driver license applicants pass a vision screening before obtaining a driver license. When unable to pass, they are asked to visit a licensed ophthalmologist or licensed optometrist for an examination to determine if their vision can be improved sufficiently to qualify for a license. Ohio vision standards for driving are specified in Ohio Administrative Code (O.A.C.) 4501: 1.1-1-20

PLEASE COMPLETE THIS FORM AND RETURN TO APPLICANT AFTER EXAM.

1. VISUAL ACUITY Please provide visual acuities without lenses and/or with lenses for each eye and for both eyes together.

(Note: Acuities using bioptic telescope glasses are not accepted on this form.)

PRESENT ACUITY			
	Right Eye	Left Eye	Both Eyes
WITHOUT LENSES	20/	20/	20/
WITH LENSES	20/	20/	20/

2. VISUAL FIELD Does the applicant have a normal visual field in each eye?

☐ Yes ☐ No

If "No", provide the peripheral extent of the visual field.

(Note: Prisms or other field expanders may not be used.)

VISUAL FIELD		
	Right Eye	Left Eye
Temporal	Degrees	Degrees
Nasal	Degrees	Degrees

3. ANNUAL RE-TESTING Except for normal deterioration due to aging, does the applicant have a progressive visual deficiency that makes it necessary for the Bureau of Motor Vehicles to require yearly vision screenings?

☐ Yes ☐ No

If "Yes", please describe condition: _____

4. COLOR VISION For commercial drivers only, did the applicant pass color vision testing (e.g., Farnsworth D-15)?

☐ Yes ☐ No

VISION SPECIALIST CERTIFICATION - The information that I have provided is based upon my examination of the person named hereon.

VISION SPECIALIST NAME (Printed)			
VISION SPECIALIST SIGNATURE			DATE
X			
BUSINESS ADDRESS (Street)	CITY	STATE	ZIP CODE
CERTIFICATION / LICENSE NUMBER		TELEPHONE NUMBER	
		( )	