

## EYE EXAMINATION AND PHYSICIAN OR OPTOMETRIST ASSESSMENT

Name (first, last, middle initial) \_\_\_\_\_

Visual Acuity:                      Right Eye \_\_\_ / \_\_\_                      Left Eye \_\_\_ / \_\_\_                      Both Eyes Together \_\_\_ / \_\_\_

Used Corrective Lenses for exam?                       Yes                       No

Able to Drive Safely with current vision?                       Yes                       No

Special Driving Restrictions Recommended:                       Corrective Lenses                       Outside Mirrors                       Daylight Driving Only

Examiner's Name \_\_\_\_\_ Title \_\_\_\_\_

Signature of Examiner \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

(3) a person who, with the best possible corrections in both eyes together, has vision of at least 20/50 but no worse than 20/100 will be required to be examined by an optometrist or other eye specialist; if the report states that the person's vision cannot be improved, all data will be reviewed by the department; after the review, the department may issue a Class D license with restrictions that include driving limitations as to time of day, type of vehicle, specific area, speed, and other limitations considered necessary by the department; the department will only issue a commercial driver's license to a person whose best possible corrections in both eyes together is 20/40 or better;

(4) the department will only issue a driver's license to a person whose best possible corrections in both eyes together is 20/100 or better;

(5) a person with monocular vision may be issued a Class D license if the vision in the good eye meets the standards of the department; the department may impose restrictions requiring outside rearview mirrors, one mounted on each side of the vehicle, on persons with monocular vision; 2AAC 90.440(f)