



CERTIFICATE OF VISION

(ORS 807.090)

DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

The medical information in this report is confidential and will be used by Driver and Motor Vehicle Services (DMV) only to determine the qualifications of the person to operate motor vehicles.

INSTRUCTIONS TO APPLICANT:

1. Take this certificate to the licensed vision specialist (optometrist or ophthalmologist) of your choice and have a vision examination.
2. After the vision specialist conducts the examination, dispenses new prescription lenses if necessary, and completes the certificate:
 - Return completed form to a local DMV office, or
 - FAX (503) 945-5329 or mail completed form to DMV Driver Specialty Services, 1905 Lana Ave NE, Salem, OR 97314.
 - For Valid With Previous Photo License, return completed vision form along with your application materials for renewal by mail when required.

NOTE ▶ Failure to comply with this requirement may result in suspension of your driving privileges.

CUSTOMER – COMPLETE THIS SECTION

LAST NAME (PLEASE PRINT)	FIRST NAME	MIDDLE NAME
ODL / CUSTOMER NUMBER	DATE OF BIRTH	

VISION SPECIALIST – COMPLETE THIS SECTION

↓ 20/40 or Better Acuity ↓

INDIVIDUAL'S EYESIGHT MEETS STATE STANDARD FOR:

↓ Worse than 20/40 but at least 20/70 ↓

INDIVIDUAL'S EYESIGHT MEETS STATE STANDARD FOR:

- Bilateral Vision**
- Unrestricted driving** (110 degree visual field, 20/40 or better acuity without corrective lenses, bilateral vision) – **no restrictions**
- Driving with corrective lenses** (110 degree visual field, 20/40 or better acuity with correction, bilateral vision) – **B restriction**

- Bilateral Vision**
- Daylight driving only** (110 degree visual field, worse than 20/40 but at least 20/70 without corrective lenses, bilateral vision) – **G restriction**
- Daylight driving with corrective lenses** (110 degree visual field, worse than 20/40 but at least 20/70 with correction, bilateral vision) – **B and G restrictions**

- Monocular Vision**
- Driving with outside mirrors** (110 degree visual field, 20/40 or better acuity without correction, monocular vision) – **F restriction**
- Driving with corrective lenses and outside mirrors** (110 degree visual field, better than 20/40 acuity without correction, monocular vision) – **B & F restrictions**

- Monocular Vision**
- Driving during daylight hours with outside mirrors** (110 degree visual field, worse than 20/40 but at least 20/70 without correction, monocular vision) – **F and G restrictions**
- Daylight driving only, only with corrective lenses and in a vehicle with outside mirrors** (110 degree visual field, worse than 20/40 but at least 20/70 with correction, monocular vision) – **B, F and G restrictions**

Daylight - Only Driving Restriction Option: Individuals in this category (20/40 or Better Acuity) meet the standard for nighttime driving unless a licensed vision specialist provides a written opinion that they should not drive at night.

Please describe: _____

Nighttime Driving Allowance Option: Individuals in this category (worse than 20/40 but at least 20/70) are RESTRICTED to driving only during daylight hours unless a licensed vision specialist provides a written opinion that they should be allowed to drive at night.

Please describe: _____

Applicant has a progressive vision impairment, DMV should require that applicant to submit updated vision information in: 6 Months 1 year 2 years

Not qualified for Oregon Driving privilege: By marking the box below you are indicating this driver's vision does not meet standards for an Oregon driving privilege. Currently licensed drivers will be suspended or canceled.

Individual's eyesight does not meet state standard for driving privileges for: Acuity Field of vision

VISION SPECIALIST'S NAME (PLEASE PRINT)	DATE OF EXAMINATION (MUST be within last 6 months)	LICENSE or CERTIFICATE #	
MAILING ADDRESS	TELEPHONE #	FAX #	
CITY	STATE	ZIP CODE	
LICENSED VISION SPECIALIST SIGNATURE	DATE SIGNED		

X

STANDARD FOR VISION SPECIALISTS

(ophthalmologist or optometrist)

Definitions:

- Field of vision –The total area in which objects can be seen in the side vision as you focus your eye on a central point.
- Licensed Vision Specialist: A licensed optometrist or ophthalmologist.
- Corrective Lenses: Glasses or contact lenses. Does not include bioptic lenses or prisms.
- Restrictions: B – Corrective lenses required; G – Daylight driving only; F – Outside mirrors required.

Mandatory Reporting to DMV: Reports regarding Severe and Uncontrollable impairments, Oregon Administrative Rule (OAR) 735-074-0090, including visual impairments, must be reported to DMV on DMV Form 735-7230

(3)An ophthalmologist or optometrist providing health care services to a person who does not meet the DMV vision standards set forth in OAR 735-062-0050 with corrective lenses or devices must:

(a) Submit a report to DMV; or

(b) Provide the findings or test results to the person's primary care provider. Upon receipt of findings from the ophthalmologist or optometrist, the primary care provider must submit a report to DMV.

Non-Mandatory Reporting to DMV: Concerns regarding visual impairments that do not meet the threshold of severe and uncontrollable or are not covered by acuity and field standards can be reported to DMV as a non-mandatory report. The standards for such reports can be found in OAR 735-076-0005.

Persons with Limited Vision - ORS 807.355 - ORS 807.369:

Oregon laws specify vision qualification and licensing steps pertaining to persons with a Limited Vision Condition that are different than the standards under OAR 735-062-0050. Limited vision condition means visual acuity in the better eye with best lens correction that is no better than 20/80 and no worse than 20/200. The visual requirement is 120 degrees horizontally and 80 degrees vertically. Call the number below for more information.

Valid with Previous Photo - Out of State - Military Applicants: Certificate of Vision to establish vision requirements are met for renewal of driver license via the *Valid with Previous Photo Application* process must be submitted with the *Valid with Previous Photo Application* packet.

For additional information write to:

**DMV DRIVER SPECIALTY SERVICES
1905 LANA AVE NE
SALEM, OR 97314**

– OR CALL –

503-945-5083

**Telecommunication Device for the
Hearing Impaired - Statewide relay: 7-1-1
www.oregondmv.com**