

CERTIFICATE OF VISION

(ORS 807.090)

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.

N	► Failure to comply with this requirement may res	ult	in su	spension or cancel	llation of	your driving privileges.		
▼ CUSTOMER – COMPLETE THIS SECTION ▼								
LAST	NAME (PLEASE PRINT) FIRST NAME				MIDDLE NAM	E		
ODL / CUSTOMER NUMBER DATE OF BIRTH								
▼ VISION SPECIALIST – COMPLETE THIS SECTION ▼								
	↓ 20/40 or Better Acuity ↓ INDIVIDUAL'S EYESIGHT MEETS STATE STANDARD FOR:	ateral Vision	↓ 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		□ Daylight driving only (110 degree visual field, worse than 20/40 but at least 20/70 without corrective lenses, bilateral vision) – G restriction					
Bilater	Driving with corrective lenses (110 degree visual field, 20/40 or better acuity with correction, bilateral vision) – B 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					
r Vision	Driving in a vehicle with outside mirrors (110 degree visual field, 20/40 or better acuity without correction, monocular vision) – F restriction	Monocular Vision	□ Driving during daylight hours in a vehicle with outside mirrors (110 degree visual field, worse than 20/40 but at least 20/70 without correction, monocular vision) − F and G restrictions					
Monocular Vision	Driving with corrective lenses in a vehicle with outside mirrors (110 degree visual field, better than 20/40 acuity with correction, monocular vision) – B & F 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:		ca R lid sl	ategory (worse than ESTRICTED to drivin censed vision speciali nould be allowed to dri	Allowance Option: Individuals in this than 20/40 but at least 20/70) are riving only during daylight hours unless a cialist provides a written opinion that they ordrive at night.			
☐ Applicant has a progressive vision impairment. DMV should require applicant to submit updated vision information in: ☐ 6 Months ☐ 1 year ☐ 2 years								
f f	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)		DA	TE OF E	XAMINATION (MUST be within I	ast 6 months)	LICENSE or CERTIFICATE #		
MAILING ADDRESS				TELEPHONE #		FAX#		
CITY					STATE	ZIP CODE		
LICENSED VISION SPECIALIST SIGNATURE					DATE SIGNE	ED		
<u>X</u>	X SICN & DATE ABOVE							

STANDARD FOR VISION SPECIALISTS

(ophthalmologist or optometrist)

DMV Use Only							
COUNTER DATE STAMP							
TSR #1 INITIALS	TSR #2 INITIALS						

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, Mandatory Impairment Referral.

- (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 are not covered by acuity and field standards or do not meet the threshold of severe and uncontrollable can be reported to DMV as a non-mandatory report on DMV Form 735-6066, Driver Evaluation Request. 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 which are different from the standards under OAR 735-062-0050. Limited vision condition means visual acuity in the better eye with best lens correction which 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: The Certificate of Vision required 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: - OR CALL -

DMV DRIVER SPECIALTY SERVICES 1905 LANA AVE NE SALEM, OR 97314 503-945-5083

TTY Statewide Relay: 7-1-1

www.oregondmv.com