ARIZONA DEPARTMENT OF TRANSPORTATION

32-4001 R03/25 azdot.gov

Mail Drop 818Z
Medical Review Program
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

VISION EXAMINATION REPORT

Clear

Page 1 - Standard Vision Report

Driver Name (first, middle, last, suffix)	Date of Birth	DL / Customer Number	State	Phone	
Street Address		City		State	Zip

PATIENT MUST COMPLETE AND SIGN THE "MEDICAL INFORMATION RELEASE" ON THIS FORM BEFORE GIVING IT TO PHYSICIAN

Medical Information Release: I hereby authorize this physician to release to the Motor Vehicle Division any requested medical information that is pertinent to my ability to safely operate a motor vehicle.

Patient Name (or legal guardian):	**Signature:**	**Date**

MUST BE COMPLETED BY PHYSICIAN –

Examination Date	**<- Examination Date must be within last 90 days to be accepted by MVD.**

NOTE: Bioptic Telescopic Lens system was used to complete test?

❒ Yes (If YES, then page 2 is required) ❒ No

Vision - Test Results

Visual Acuity	Uncorrected	R:	L:	Both:	Visual Field (include specific parameters)	Temporal	R:	L:	
	Corrected	R:	L:	Both:		Nasal	R:	L:	

Vision Standard

Visual Acuity of 20/40 or better achieved in at least one eye?
❒ Yes ❒ No (NO requires doctor to complete page 2)

Visual Field at least 70 degrees temporal, and 35 degrees nasal, in at least one eye
❒ Yes ❒ No (NO requires doctor to complete page 2)

Required for Commercial Drivers:
❒ Yes ❒ No Can driver distinguish colors of the signals/devices showing standard red, green and amber?

❒ **Yes - driver passed both standards, and meets driving standard. Please complete only page 1. ***

Restrictions

Driver used corrective lenses during test?
❒ Yes (If YES, **lens restriction** required for driving)
❒ No

Is Patient's vision?

❒ **Monocular** - Is corrected vision less than 20/40, but better than 20/50?
- ❒ Yes (driver passes with **daylight driving restriction**)
- ❒ No (driver does not meet standards for licensing)

❒ **Binocular** - Is corrected vision less than 20/40, but better than 20/70?
- ❒ Yes (driver passes with **daylight driving restriction**)
- ❒ No (driver does not meet standards for licensing)

Physician or Optometrist Name (printed)		Physician or Optometrist Signature	
Medical License Number	❒ MD ❒ DO ❒ OD	State	Phone

Driver Instructions: MVD can only accept fully completed forms. Under the statutory authority below, you are required to have this Vision Examination Report completed by a physician or optometrist. The physician or optometrist must be licensed to practice medicine, osteopathy, homeopathy, optometry or psychiatry in this state, or another state, or employed by the federal government to practice in this state.

Drivers experiencing any medical condition that affects driving ability are required to report the condition to MVD as soon as the medical condition allows.

***Drivers passing standard, only page 1 needs to be completed and submitted to MVD to meet vision requirements.**

Physician/Optometrist Instructions: The driver may need this form completed to be eligible for a driver license. Your response to the questions on this form will indicate to MVD how this person's vision affects his or her ability to safely perform the functional skills involved in driving.

Arizona law provides immunity from personal liability to physicians in supplying completed medical forms. It is important that your patient signs the release statement on the top of the form. This gives you the authorization to release pertinent medical information to MVD. State law makes MVD responsible for the licensing decision on individuals.

Authority: Arizona Revised Statutes (ARS) 28-3005, 28-3314; Arizona Administrative Code R17-4-502, R17-4-503.

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VISION EXAMINATION REPORT

Page 2 - Comprehensive Medical Eye Report

Driver Name (first, middle, last, suffix)	DL / Customer Number
Diagnosis	

MVD vision standards specify that persons with diagnosed impaired night vision be restricted to daytime driving only. Do you recommend the restriction for this person? Authority R17-4-503

❒ Yes ❒ No

Bioptic Telescopic Lens System

❒ Yes ❒ No Bioptic Telescopic corrected vision is 20/40 or better

❒ Yes ❒ No Magnification is 4X or less

Yes response to both questions is required for use of bioptic telescopic lenses system.

Do you recommend that MVD monitor this person's condition by requiring periodic vision reports?

❒ Yes (please explain) ❒ No

If yes, then review in: ❒ 6 months ❒ 1 Year ❒ 2 Years

Any recommendations on this person's ability to safely operate a motor vehicle?

❒ Yes (please explain) ❒ No

Physician or Optometrist Name (printed)		Physician or Optometrist Signature	
Medical License Number	❒ MD ❒ DO ❒ OD	State	Phone

Driver Instructions (page 2): The completed Comprehensive Medical Eye Report will be evaluated by the Medical Review Program. Based upon the information provided, MVD will make a licensing decision. It is possible that you may be required to submit additional medical information and successfully complete any required testing.

Any driver experiencing any medical condition that affects driving ability is required to report the condition to MVD as soon as the medical condition allows.

Physician/Optometrist Instructions: The driver must have this form completed to be eligible for a driver license. Your response to the questions on this form will indicate to MVD how this person's vision affects his or her ability to safely perform the functional skills involved in driving.

Arizona law provides immunity from personal liability to physicians in supplying completed medical forms. It is important that your patient signs the release statement on the top of the form. This gives you the authorization to release pertinent medical information to MVD. State law makes MVD responsible for the licensing decision on individuals.