ADOT
Motor Vehicle Division

40-1507 R10/14   azdot.gov

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

**VISION EVALUATION
ARIZONA INTRASTATE
DIABETES WAIVER
PROGRAM CHECKLIST**

Driver Identifying Information

Name:(first, mi, last)
Address: (city, state, zip code)
DOB (mm/dd/yyyy)

This applicant is applying for an Arizona Intrastate diabetes waiver to be able to take insulin while operating a commercial motor vehicle (large truck or bus) in intrastate commerce. Part of the application process is an eye examination by an ophthalmologist or optometrist to determine if the individual has any vision problem that might impair safe driving.

Note: If the applicant has retinopathy, an ophthalmologist examination is required.

The applicant's examination by an ophthalmologist or an optometrist is only valid for 6 months from the date performed. Applicants will be required to submit a new examination if the current examination expires during the application process.

PLEASE CHECK/FILL IN REQUESTED INFORMATION

1. ❏   I am an ophthalmologist   ❏   I am an optometrist

2. Office Telephone number: _____ Office Fax number: _____

3. Date of most recent examination: (mm/dd/yyyy)_____

4. Distant Visual Acuity **(please provide both if applicable)**
❏ UNCORRECTED   ❏ CORRECTED
                                       ❏ Glasses ❏ Contact Lens

Right eye: 20/ _____   Right eye: 20/ _____
Left eye: 20/ _____   Left eye: 20/ _____

5. Field of vision (FOV)*:
Please record the interpreted results in **degrees** of horizontal field of vision for each eye. The terms "normal" or "full" are not acceptable responses.

Right eye: _____degrees
Left eye: _____degrees
Test used to determine:_____

*Note: If the patient has received laser treatment, and in your medical opinion you believe the patient's FOV is compromised, Arizona Medical Review Program (AZMRP) recommends formal perimetry to determine if the driver meets the FOV standard.

6. Color Vision: Is the patient able to identify correctly the standard red, green, and amber traffic control signal color ❑ YES ❑ NO

Note: If color testing results are inconclusive, it is discretionary whether to administer a controlled test using an actual traffic signal to determine the individual's ability to recognize red, green, and amber.

An applicant with diabetic retinopathy must be evaluated by an ophthalmologist. The vision examination must occur AFTER any eye surgery/procedures (postoperatively).

7. Does the patient have diabetic retinopathy? ❑ YES ❑ NO

If yes: ❑ Proliferative
        ❑ Stable   ❑ Unstable
    ❑ Non-proliferative
        ❑ Stable   ❑ Unstable

Treatment: _____

Date diagnosed: _____

Surgery/procedures: _____

Requires recheck in _____ months

8. Does the patient have macular edema?
         ❑ YES ❑ NO
9. Does the patient have cataract(s)?
         ❑ YES ❑ NO
10. Does the patient have any other medical diagnosis related to vision?
         ❑ YES ❑ NO

If yes, what? _____

11. If yes to any of the conditions listed above, are any unstable?
         ❑ YES ❑ NO

If yes, which condition(s)? _____

12. In your medical opinion, is monitoring required more often than annually?
         ❑ YES ❑ NO

If yes, how often? _____

Printed name	Signature
License Number	Today's date
Date of Expiration	State of Issue