



CERTIFICATE OF VISUAL EXAMINATION

UTAH DRIVER LICENSE DIVISION
P O BOX 144501
SLC UT 84114-4501
Phone Number: (801) 957-8690
Fax Number: (801) 957-8698
dmedical@utah.gov

TOP PORTION MUST BE COMPLETED AND SIGNED BY APPLICANT

Last Name	First Name	Middle or Maiden Name	Date of Birth	Driver License or DPC #
Applicant's Signature				DATE

BOTTOM PORTION TO BE COMPLETED AND SIGNED BY HEALTH CARE PROFESSIONAL

Visual Acuity	Are lenses required while driving? <input type="checkbox"/> No <input type="checkbox"/> Yes		Visual Field 120° 60° to both right and left <u>Private and Commercial</u> CDL COLOR BLIND <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Without Correction	With Correction		
RIGHT EYE	20/	20/	<input type="checkbox"/> YES	<input type="checkbox"/> NO*
LEFT EYE	20/	20/	<input type="checkbox"/> YES	<input type="checkbox"/> NO*
BOTH EYES	20/	20/	<input type="checkbox"/> YES	<input type="checkbox"/> NO*

Safety Assessment level will be determined by the Driver License Division based on the visual acuity and visual fields provided by the Health Care Professionals, in conjunction with the "Functional Ability in Driving: Guidelines and Standards for Health Care Professionals."

***If visual fields are less than 120° please answer the following questions:**

YES NO If visual fields are less than 120°, are they at least 90°, with 45° to both the right and left of fixation?

YES NO If visual fields are less than 90°, are they at least 60°, with 30° to both the right and left of fixation?

Recommended Restrictions	
<input type="checkbox"/> ADD	OR <input type="checkbox"/> REMOVE
<input type="checkbox"/> Speed-posted 40 mph or less	<input type="checkbox"/> Area
<input type="checkbox"/> Daylight only	

Please answer the following questions:

YES NO With regards to driving safety, does this person have any medical conditions of significance? If so, please list condition: _____

Indicate the cause/diagnosis of the visual impairment: _____

How stable is the visual condition: _____

Recommended interval for examination: Standard Safety Assessment Level Other: _____

To view current medical guidelines, please visit: <https://dld.utah.gov/healthcare-providers>

If restrictions are necessary or Medical Advisory Board review is required, additional testing/information may be requested.

I recommend this driver complete a driving skills test in an appropriate vehicle.

Date form is completed	Printed Name of Health Care Professional	Signature & degree	State License Number
(Acceptable if dated within the past six months from date of submission)			

Street Address	City	State	Zip Code	Telephone	Fax Number
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