

Instructions: Print clearly and legibly. If any section of this form is incomplete, it may have to be returned to the vision specialist for completion.



APPLICANT INFORMATION

FULL NAME (Printed)	DRIVER LICENSE NUMBER
MAILING ADDRESS (including city, state, zip)	DATE OF BIRTH

THIS FORM MAY ONLY BE COMPLETED & SIGNED BY A QUALIFIED VISION SPECIALIST — *If needed to meet annual requirement, must be from exam within last 3 months.*

HOW LONG HAS THE ABOVE APPLICANT BEEN YOUR PATIENT?

REQUIRED: CURRENT VISUAL ACUITY (*Lenses include contact lenses or glasses*)

	Right Eye	Left Eye	Combined
Without Lenses	20/	20/	20/
With Current Lenses	20/	20/	20/
With Bioptic Telescope <input type="checkbox"/> N/A	20/	20/	20/

YES NO Does the patient's horizontal visual field meet Wyoming Vision Standards?

WYOMING VISION STANDARDS

DRIVER'S LICENSE:

- 20/40 or better with both eyes with or w/o corrective lenses, *and*
- total combined horizontal field of vision, with both eyes, of at least 120 degrees, or if blind in one eye, at least 90 degrees in the other eye.
- If best visual acuity with or w/o corrective lenses is worse than 20/100 in the carrier lenses, the bioptic telescope must correct the visual acuity to at least 20/40.

NOTE: A 20/50 - 20/100 combined visual acuity may require a re-exam.

COMMERCIAL DRIVER'S LICENSE:

- 20/40 or better in each eye with or w/o corrective lenses, *and*
- horizontal field of vision is at least 70 degrees in each eye.

Standards listed in their entirety are available at www.dot.state.wy.us.

EXAMINATION INFORMATION (*check all that apply and please do not abbreviate*)

Applicant is currently being treated for one or more of the following progressive ocular condition(s):

MACULAR DEGENERATION CATARACTS GLAUCOMA

OTHER _____ N/A

IN MY PROFESSIONAL OPINION (*mark only one option)

- 1. This patient is **not** visually capable of safely operating a motor vehicle. (*Based on Wyoming Statute 31-7-123 and Department Rules and Regulations, this option will result in the cancellation or denial of the applicants driver license.*)
- 2. This patient was previously afflicted with a visual disorder; however, this patients affliction no longer exists.
- 3. This patient **is** visually capable of safely operating a motor vehicle; however, the following should be required (*for #3 only, please check all that apply below*):
 - this patient should be required to wear a bioptic lens while driving and this patient's skill in using a bioptic lens is:
 - Satisfactory Unsatisfactory Not Known (*please complete Visual Acuity with Bioptic Telescope above*)
 - the following restrictions should be placed on the applicant's driver license:
 - NONE
 - NO INTERSTATE DRIVING
 - DAYLIGHT DRIVING ONLY
 - SPECIFIC LIMITS OF SPEED ZONE OR DISTANCE: _____
 - OTHER RESTRICTIONS: _____
- I recommend this patient be required to complete a driving road test to determine if patient meets licensing standards (*not allowable if #1 is marked*).
- I recommend this patient be required to submit a "Driver Vision Evaluation" annually to the Department (*if progressive ocular condition is checked, this is mandatory, unless explained below*).

ADDITIONAL COMMENTS

PRINT NAME OF QUALIFIED VISION SPECIALIST	CLASSIFICATION/SPECIALTY	MEDICAL/OPTOMETRY LICENSE NUMBER
MAILING ADDRESS (including city, state, zip)	CONTACT PHONE NUMBER	CONTACT FAX NUMBER
AUTHORIZED SIGNATURE	DATE	

Should you have any questions regarding this form, please contact Driver Compliance at 307-777-4839.

Mail to: Wyoming Department of Transportation (WYDOT)
 Driver Services - Driver Compliance Section
 5300 Bishop Boulevard, Cheyenne, WY 82009-3340

OR Fax to: 307-777-4922
OR Email to: dot-dscomp@wyo.gov
<http://www.dot.state.wy.us/driverservices>