



WYOMING DEPARTMENT OF TRANSPORTATION

Driver Services
5300 Bishop Blvd
Cheyenne, WY 82009-3340
Phone: (307) 777-4800 Fax: 777-4817

DRIVER VISION EVALUATION

Form with fields for NAME (Printed), MAILING ADDRESS, CITY, STATE, ZIP CODE, DRIVER LICENSE #, DATE OF BIRTH, MVID NUMBER (Staff Use Only), and Commercial Driver License checkbox.

CDL drivers must have a visual acuity of at least 20/40 or better in each eye with or without corrective lenses, and at least 70 degrees horizontal field of vision in each eye (or combined total field of vision of 140 degrees).

Table with 4 columns: Eye Type (RIGHT EYE, LEFT EYE, BOTH EYES), WITHOUT LENSES, PRESENT LENSES, BEST CORRECTION.

1. Date of last examination (must be within previous 3 months):

2. Is horizontal visual field at least 60 degrees in one eye OR a combined total field of 120 degrees with both eyes? Does patient have depth perception?

3. Is patient wearing best possible correction?

4. Does patient require bioptic/telescopic lenses for driving? If yes, explain:

5. Visual condition(s)

6. A Driver Vision Evaluation statement should be obtained each year to determine eligibility for a driver's license.

7. Patient's visual condition is such that a driving test should be administered at this time to determine if he/she can safely operate a motor vehicle.

8. Recommended driving restrictions:

- None, Outside rearview mirrors, Daylight driving only, No interstate driving, Driving only within city limits, Driving only within a mile radius of home, Other:

Optometrist/Ophthalmologist Printed Name, Address, Telephone No.

Optometrist/Ophthalmologist Signature, Date, FSDI-914 (April 2009)