



VISION SCREENING DOCUMENTATION

State Form 56520 (6-18)

INDIANA BUREAU OF MOTOR VEHICLES

- INSTRUCTIONS:**
1. Complete this form entirely in blue or black ink.
 2. Please read each section thoroughly.
 3. Section A is to be completed by the applicant. Sections B and C are to be completed by the ophthalmologist or optometrist.
 4. This form is a substitute for the vision screening that would occur in the license branch. A credential applicant must provide this form to a licensed ophthalmologist or optometrist and they must complete Sections B and C as well as sign and date it. A completed vision screening waiver form will be valid for one (1) year from the date it was signed by a license ophthalmologist or optometrist.
 5. Customers that have vision below 20/50 in either eye, or customers that are currently under a Driver Ability review may not use this form. If a customer falls into either category, then they must complete State Form 22106, Certificate of Vision (Eye Referral).

SECTION A – CUSTOMER INFORMATION

Name (last, first, middle)	Customer date of birth (mm/dd/yyyy)
Customer driver's license or identification card number	Date of credential application (mm/dd/yyyy)

SECTION B: OPHTHALMOLOGIST OR OPTOMETRIST INFORMATION - To be completed by Ophthalmologist or Optometrist.

Name of ophthalmologist or optometrist (last, first, middle)	Telephone number ()
Ophthalmologist or optometrist license number	
Business address (number and street, city, state, and ZIP code)	

SECTION C: VISION SCREENING RESULTS - To be completed by Ophthalmologist or Optometrist.

<input type="checkbox"/>	One eye 20/40 or better, other eye 20/40 or better, unaided. No Restrictions	<input type="checkbox"/>	Best eye 20/40 or better, other eye 20/50 to blind, unaided. Outside Rearview Mirror Restriction = F	<input type="checkbox"/>	One eye 20/40 or better, other eye 20/40 or better, corrected with glasses or contact lenses. Corrective Lenses Restriction = B	
<input type="checkbox"/>	Best eye 20/40 or better, other eye 20/50 to blind, corrected with glasses or contact lenses. Corrective Lenses Restriction and Outside Rearview Mirror Restriction = B & F	<input type="checkbox"/>	One eye 20/50, other eye 20/50, corrected with glasses or contact lenses. Corrective Lenses Restriction = B			
Without Lenses			<i>This field intentionally left blank.</i>	Wearing Best Possible Prescription		
Left Eye	Right Eye	Both Eyes		Left Eye	Right Eye	Both Eyes
20 /	20 /	20 /		20 /	20 /	20 /

I have personally examined the customer identified in Section A of this form for their visual conditions that might have direct bearing upon his or her qualifications to operate a motor vehicle. If visual fields are less than 120° in extent horizontally or acuities are category VII, attach copies of Goldmann III4e, Humphrey 120 pointer screen or equivalent fields.

Signature of doctor	Date signed (mm/dd/yyyy)
Signature of credential applicant	Date signed (mm/dd/yyyy)