

Vision Screening Form

Driver/Patient's full name: _____

Driver/Patient's Maryland driver's license number: _____

MVA Vision Screening Results: Findings from MVA's Vision Screening (*For MVA use only*)

	Right Eye	Left Eye	Both Eyes	Field of Vision Continuous?	Color vision problems?	MVA employee:
Acuity without lenses	20/	20/	20/			
Acuity with present lenses	20/	20/	20/	<input type="checkbox"/> yes	<input type="checkbox"/> yes	MVA office:
Field of Vision (degrees)	degrees	degrees	degrees	<input type="checkbox"/> no	<input type="checkbox"/> no	Date:

Vision Specialist's Examination Results and Certification

Exam Date: _____

Please do not enter acuities achieved by telescopic lenses in this chart

	Right Eye	Left Eye	Both Eyes	Driver's License Requirements To qualify for an unrestricted driver's license, the State of Maryland requires drivers to have: <ul style="list-style-type: none"> • Binocular vision • Binocular vision • Visual acuity (Snellen) of at least 20/40 in each eye • Continuous field of vision of 140 degrees Restricted licenses (outdoor mirrors both sides) may be issued to persons having: <ul style="list-style-type: none"> • Visual acuity of at least 20/70 in one or both eyes • Continuous field of vision of at least 110 degrees, with at least 35 degrees lateral to the midline of each side Persons with visual acuity less than 20/70, but no worse than 20/100, require special handling by the MVA's Driver Wellness & Safety Division.
Acuity without lenses	20/	20/	20/	
Acuity with present lenses	20/	20/	20/	
Acuity with best standard spectacle correction	20/	20/	20/	
Field of Vision (in degrees)	degrees	degrees	degrees	

For commercial licenses only

Does the patient have 20/40 vision or better in EACH eye? ☐yes ☐no
 Can this patient distinguish between red, green, and amber colors? ☐yes ☐no

- Are corrective lenses (standard spectacle) needed to meet vision requirements for driving? ☐yes ☐no
 1a. If corrected lenses are needed, has this patient acquired the lenses? ☐yes ☐no
- Does this patient meet the continuous field of vision requirements specified by the MVA? ☐yes ☐no
- Did the visual examination reveal any optical or medical reason that could preclude granting a license? ☐yes ☐no
 3a. If yes, please submit a Maryland MVA DC-220 form.
- Will treatment improve this patient's vision for driving? ☐yes ☐no
 4a. If yes, Diagnosis/Treatment _____

I certify under penalty of perjury that the information contained hereon is true and accurate to the best of my knowledge, information, and belief.

Ophthalmologist/Optometrist's Signature

Printed Name

Date

Licensed to practice: ☐ Ophthalmology ☐ Optometry

License State/Number: _____

Ophthalmologist/Optometrist's Address

Phone Number