

CONFIDENTIAL

Name	Date of Birth
Address	City

DLN

The examination must be completed by a physician or optometrist and include the following: uncorrected and corrected vision, field of vision, and whether colors can be distinguished. These results must be within six months of driver's license application.

ACUITY VISION	RIGHT EYE		LEFT EYE		BOTH EYES		Field of Vision in Degrees (Requires Numbers):	
Actual Vision Without Correction	20/		20/		20/		Right Eye	Left Eye
							Temporal	Temporal
Vision Corrected To	20/		20/		20/		Nasal	Nasal

Does the applicant have the ability to distinguish the colors red, green, and amber? ☐ Yes ☐ No

Comments

Date of Examination	Business Address	Business Telephone Number
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Signature of Eye Specialist/Examiner

(see reverse side)

Drivers License Office Use Only

Date Received	Received By
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INSTRUCTIONS TO THE APPLICANT OR DRIVER

Driver license examiners only administer vision screenings that indicate you may be a safer driver if your vision were improved. Therefore, you are being referred to an eye specialist for a vision examination to determine whether your vision can be improved by corrective lenses or treatment. If corrective lenses will improve your vision and make you a safer driver, your permit or license will require you to obtain and wear the corrective lenses.

EXPLANATION FOR VISION SPECIALIST

Thank you for taking the time to complete the vision certificate. The driver license examiners do not make recommendations as to which vision specialist the applicant or driver should visit.

Individuals applying for driving privileges are given a vision screening by the driver license examiners. When more accurate measurements are needed, or when visual deficits are suspected, the individual is asked to visit a vision specialist. A report from such a specialist is particularly valuable when the fitness of the driver is questioned following a traffic incident or as a result of court action. In some cases, examinations by more than one specialist are required.

Return to applicant or mail to : **DRIVERS LICENSE DIVISION
NORTH DAKOTA DEPARTMENT OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK ND 58505-0750**

Any physician or optometrist providing medical advice as requested by the Department pursuant to NDCC 39-06-07.2 shall incur no liability for any opinion, recommendation, or advice provided. The individual being examined grants permission for the release of medical information as requested on this form.