

VISION TEST REPORT

dmv.ny.gov

PATIENT INSTRUCTIONS:

- a. Find a provider in DMV's Vision Registry at dmv.ny.gov/vision-registry-locator. If one of these providers completes your required vision test, you do not need this form to renew your driver license.
- b. If your provider is not enrolled in DMV's Vision Registry, this report must be completed and used when renewing your license at dmv.ny.gov or by mail.

PROVIDER INSTRUCTIONS:

- a. This form should be used only for patients who have a minimum Snellen Test score of 20/40 with one or both eyes, with or without corrective lenses. For patients whose best corrected vision is less than 20/40 but not less than 20/70, and for patients who wear telescopic lenses, complete form MV-80L (dmv.ny.gov/forms) and mail it to the address on that form.
- b. ONLY a licensed physician, physician assistant, registered nurse, nurse practitioner, optician, optometrist, ophthalmologist, or supervised staff of any of these providers can complete the MV-619.
- c. PRINT in ink or TYPE all information below except signature.
- d. Do not mail this report. Give it to the patient.
- e. To enroll in DMV's Vision Registry, please visit dmv.ny.gov/visionprovide.htm. It's simple, easy and free!

Patient's Name (exactly as it appears on the patient's driver license) Last First MI		2. Date of Birth (MM/DD/Y			3. Sex	
		,	/	/	М	F
4. Patient's Street Address		Apt. #				
City State Zip Co	ode		5. Date of	of Examinatio	n (MM/D	D/YY)
				1	/	
6. Did the patient achieve a Snellen Test score of 20/40 or better with one or both eyes? YES NO If NO, complete form MV-80L						
7. Did the patient wear corrective lenses during the test?						
8. Name and Title of Provider						
9. Provider's Street Address						
City State		Z	Zip Code			
10. This report is valid for up to 12 months 6 months from the date of examination.						
11. I have examined the patient described above, and have accurately reported my findings from that exam	nination	on this t	form.	12. Professio	nal Licens	se No.
Provider's Signature (Sign Name in Full)						
Sign Here X						

