



## VISION SCREENING DOCUMENTATION

State Form 56520 (R4 / 8-24)  
INDIANA BUREAU OF MOTOR VEHICLES

The legal authority for this form is IC 9-24-10.

### INSTRUCTIONS:

1. Complete this form entirely in black or blue ink.
2. Please read each section thoroughly.
3. Section A is to be completed by the applicant. Section B is to be completed by the applicant's Ophthalmologist or Optometrist.
4. As 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. The Ophthalmologist or Optometrist must complete section B as well as the signature and date section. A completed vision screening form will be valid for one (1) year from the date of the exam.
5. This form may not be used if a customer has below 20/50 vision in either eye or is currently under a Driver Ability review. In this case, the customer must complete State Form 22106, Certificate of Vision (Eye Referral).
6. Applicants must submit the completed form at a local license branch during a renewal, amendment or new issuance transaction. A completed vision screening form will be valid for one (1) year from the date of the exam.
7. Applicants **over** the age of seventy-five (75) wishing to renew their Indiana credential online, submit the form by mail to: Indiana Bureau of Motor Vehicles, Attention: Driver Ability Department, 100 N Senate Ave Room N481, Indianapolis, IN 46204. The vision screening form will be valid for thirty (30) days from the date of the exam for an online renewal.

### SECTION A: CUSTOMER INFORMATION

Name (last, first, middle)	Customer date of birth (mm/dd/yyyy)
Customer driver's license or identification card number	
<b>By Signing I authorize this information to be released to the Indiana Bureau of Motor Vehicles.</b>	
Signature of credential applicant	Date of application (mm/dd/yyyy)

### SECTION B: OPHTHALMOLOGIST OR OPTOMETRIST INFORMATION

Is the customer required to wear glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the customer required to wear contacts? <input type="checkbox"/> Left Eye <input type="checkbox"/> Right Eye <input type="checkbox"/> Both Eyes		
<b>Vision Acuity Reading</b>			
Left Eye 20 /	Right Eye 20 /	Both Eyes 20 /	
I have personally examined the listed named driver for visual conditions which might have direct bearing upon his or her qualifications to meet Indiana vision standards for driving.			
<b>Ophthalmologist or Optometrist Signature</b>			
Date of Examination (mm/dd/yyyy)	Ophthalmologist or Optometrist license number		
Signature of Doctor	Typed or Printed Name of Doctor		
Address (number and street)	City	State	ZIP Code