



# CERTIFICATE OF VISION FOR BIOPTIC DRIVERS

State Form 13226 (R9 / 9-21)

INDIANA BUREAU OF MOTOR VEHICLES

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Attn: Driver Ability Department

100 N. Senate Ave. Room N481

Indianapolis, IN 46204

Fax: 317-974-1614

- INSTRUCTIONS:**
1. Complete in blue or black ink, or print form.
  2. An eye doctor with expertise in Low-Vision care must complete this form.
  3. Mail or Fax completed Certificate to the BMV at the above address for review.
  4. Refer to the Driving with Bioptics instructional page attached to this form for additional information.

## SECTION 1 – Applicant Information

Applicant's Name (last, first, middle initial)	Date of birth (mm/dd/yyyy)	Customer unique identification (CUID) or Driver's License Number	
Address (Number and Street)	City	State <b>IN</b>	ZIP Code
By signing this form, I authorize this information to be released to the Indiana Bureau of Motor Vehicles.	Applicant's Signature	Date signed (mm/dd/yyyy)	

Please check one of the following and complete all appropriate blanks:

- ☐ First time applicant for Indiana Bioptic Driver's License.  
Has applicant ever been licensed to drive? ☐ Yes ☐ No  
If yes,  
1. In which state was applicant licensed? \_\_\_\_\_  
2. Was the previous license obtained with a Bioptic? ☐ Yes ☐ No

- ☐ Review of Indiana Bioptic Driver's License ☐ Renewal of Indiana Bioptic Driver's License

## Results of Eye Examination

Unaided Visual Acuity OD _____ OS _____	Acuity with best Rx (Minimum 20/200) OD _____ OS _____	Acuity with Telescope (Minimum 20/40) OD _____ OS _____
Carrier Lens Prescription OD _____ OS _____	Power and Model of Telescope OD _____ OS _____	
Horizontal Visual Field Diameter (Minimum 120) OD _____ OS _____ OU _____	Instrument Used (Enclose diagram for first time application.)	
Describe Any Tinting Prescribed	Color perception adequate to recognize traffic signal and color (green, amber, red) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Diagnosis of Eye Condition		
Approximate Date of Onset (mm/dd/yyyy)	Stability of Vision (for first time applicants): Vision stable for at least three (3) months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Examination Date (mm/dd/yyyy)	Dispensing Date (mm/dd/yyyy)	Further Vision Loss is: <input type="checkbox"/> Unlikely <input type="checkbox"/> Possible <input type="checkbox"/> Likely

## Recommended Restrictions

- ☐ Limited Driving Radius of less than five (5) miles from home ☐ Limited Driving Radius of less than ten (10) miles from home  
☐ Limited Driving Radius of less than twenty (20) miles from home ☐ Daylight Driving Only ☐ Specialized Mirror  
☐ Other \_\_\_\_\_

- |                                                                                                                                         |                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Appropriate Applicant for night driving evaluation during driving training?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Appropriate for Applicant to be issued a license without the Daylight Driving Only Restriction?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>(If yes, please give results of testing in reduced illumination or other medical rationale for this recommendation in comments section below.) |
|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

In my opinion, a vision report should be submitted to the Indiana Bureau of Motor Vehicles: ☐ Annually ☐ Biennially

Comments:

## Low Vision Specialist Certification (Print or Type)

Specialist Name (Last, First, Middle Initial)	Degree	Telephone Number ( )	
Address (Number and Street)	City	State	ZIP Code
Signature	License Number	Date (mm/dd/yyyy)	

## DRIVING WITH BIOPTICS IN INDIANA

The vision requirements for driving in Indiana allow persons with vision correctable to at least 20/50 in one eye, or at least 20/70 in each eye (assuming full peripheral visual fields), to apply for driving privileges. One or more restrictions may be placed on the license, depending on the individual's visual acuity and driving skills.

Current guideline requirements are:

- Vision to be no poorer than 20/200 with best ordinary spectacle correction
- Visual acuity must be at least 20/40 through a bioptic telescope
- Magnifying power of the bioptic telescope may not exceed 4X (unless approved as part of a pilot study)
- Must have full peripheral visual fields of at least 120 degrees in horizontal diameter
- Must be able to recognize standard traffic signal colors: red, green and amber
- Cognitive and perceptual skills must be adequate to safely operate a motor vehicle
- If the applicant has an alcohol or drug abuse problem, a twelve (12) month waiting period is in effect before the applicant can be considered for the bioptic program. This time period will allow the applicant to submit documentation from a counselor, hospital or drug/alcohol rehabilitation center showing such use/abuse is under control.

Individuals interested in obtaining driving privileges with a bioptic telescope in Indiana must successfully complete the following three-part process in order to reach that goal:

### Step 1 – Vision Evaluation and Training

The individual needs to be evaluated by an eye doctor with expertise in low-vision care. The doctor will determine whether the vision guidelines described above can be met and will make recommendations regarding the advisability of applying for licensure.

### Step 2 – Driving Evaluation and Training

When the doctor is satisfied that the individual is skilled in using his or her bioptic, the bioptic wearer may then schedule an evaluation at a Bureau of Motor Vehicles (BMV)-approved bioptic rehabilitation program to be assessed to determine if he/she will be a candidate for the bioptic program. This evaluation includes assessment of cognitive and perceptual skills, reaction time, range of motion and coordination of upper and lower extremities and actual on-road testing behind-the-wheel driving. The results of this test with recommendations regarding driving training, along with a report from the low-vision specialist, are forwarded to the BMV Medical Review Clerk. Upon recommendation by the BMV Medical Review Clerk, the applicant is notified that he/she may take the knowledge test for a learner's permit to be used at the bioptic driver rehabilitation facility only. When the applicant has passed the knowledge test and received the learner's permit with restriction J - Training Purposes Only, driving lessons may then be scheduled at a BMV-approved bioptic driver rehabilitation program. The BMV requires a minimum of thirty (30) hours of this specialized driver training.

Once the bioptic driver rehabilitation specialist completes training of the applicant, the specialist will send a letter to the BMV Medical Review Clerk stating the number of hours completed and the area in which training was administered. The BMV will review these documents, and send the applicant's file to the BMV Examiner to administer a driving skills test.

**Note:** New drivers must apply for an amended learner's permit with restriction J - Bioptic Lens, complete a total of fifty (50) supervised driving hours with a licensed instructor or valid licensed driver who is at least twenty-five (25) years of age or older or spouse who is at least twenty-one (21) years of age or older, and hold the permit for a total of 180 valid days prior to completing the BMV driving skills test and applying for an operator's license. The thirty (30) hours of rehabilitation driving may count toward the supervised drive time.

### Step 3 – Driving Skills Test

The BMV Driver Examiner will administer an extended driving skills test to determine driving skills in a variety of traffic situations. When the individual satisfies all licensing requirements, and is able to complete this test satisfactorily, a license to drive with a bioptic telescope, including any recommended restrictions, is then issued. Driving privileges can never be granted until this final step is successfully completed. Once licensed, the bioptic driver must submit a Certificate of Vision for Bioptic Drivers (State Form 13226) at specified time intervals.