



CERTIFICATE OF VISION (EYE REFERRAL)

State Form 22106 (R8 / 4-26)
INDIANA BUREAU OF MOTOR VEHICLES

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Attn: Driver Ability Department
100 N Senate Ave RM N481
Indianapolis, IN 46204
Fax: 317-974-1614

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

- INSTRUCTIONS:**
1. Complete in black or blue ink.
 2. The Bureau of Motor Vehicles must complete Section A when a customer fails the original vision screening.
 3. The customer must take this form to an Ophthalmologist or Optometrist to complete Section B – Certificate of Examination by Eye Doctor.
 4. The customer must mail or fax the completed form to the Driver Ability Department after an Ophthalmologist or Optometrist completes Section B.
 5. The vision examination will be valid for six (6) months from the date of the exam.

SECTION A: For License Branch Use Only

The attached certificate is for customer _____, CUID _____, for an evaluation of a potential vision condition. The BMV's basic vision screening indicates need for further examination. Optec 1000 BMV findings are as follows.

Acuity

Both 20 / _____ **Right** 20 / _____ **Left** 20 / _____

Glasses / Contacts Yes No

Examiner's Comments:

Date of Birth (mm/dd/yyyy) _____ Branch Number _____ By (License Branch Associate) _____ Date (mm/dd/yyyy) _____

SECTION B: Certificate of Examination by Eye Doctor (Ophthalmologist or Optometrist)

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.

Printed Name of Doctor _____ Business Telephone _____ Date of Exam (mm/dd/yyyy) _____

Printed Name of Customer _____ Customer's Date of Birth (mm/dd/yyyy) _____ Customer's Telephone Number _____

Without Lenses Right Eye 20 / _____ Left Eye 20 / _____ Both Eyes 20 / _____

Wearing Best Possible Prescription Right Eye 20 / _____ Left Eye 20 / _____ Both Eyes 20 / _____

Horizontal Diameter of Visual Fields: Right _____ Left _____

If visual fields are less than 120 degrees in extent horizontally, attach copies of Goldmann III4e, Humphrey 120 point screen or equivalent fields.

Diagnosis of visual condition(s), including estimate of stability, which could or may affect visual acuity, visual fields, or other aspects of vision.

Further vision loss is: Unlikely Possible Likely Prescription needed to achieve best corrected visual acuity: OD: _____ OS: _____

Vision Requirements Chart (Check one, if applicable.)

1. One eye 20/40 or better, other eye 20/40 or better, unaided. No Restrictions
2. Best eye 20/40 or better, other eye 20/50 to blind, unaided. Outside Rearview Mirror Restriction
3. One eye 20/40 or better, other eye 20/40 or better, corrected with glasses or contact lenses. Corrective Lenses Restriction
4. Best eye 20/40 or better, other eye 20/50 through blind, corrected with glasses or contact lenses. Corrective Lenses Restriction and Outside Rearview Mirror Restrictions
5. One eye 20/50, other eye 20/50, corrected with glasses or contact lenses. Corrective Lenses Restriction
6. Best eye 20/50, other eye 20/70 to blind, corrected with glasses or contact lenses. Corrective Lenses, Outside Rearview Mirror, Daylight Driving Only Restrictions. (We may ask for proof of normal peripheral visual fields.)
7. One eye 20/70, other eye 20/70 to blind, corrected with glasses or contact lenses. Corrective Lenses, Outside Rearview Mirror, Daylight Driving Only Restrictions. (Proof of normal peripheral visual fields must be attached. The visual fields test must be Goldmann III4e, Humphrey 120 point screen, or equivalent that is capable of testing at least 60 degrees temporally in each eye.)

License valid only while wearing glasses or contact lenses when applicant requires the aid of glasses or contact lenses to pass Driver's License Vision Examination. Doctor must certify in writing if glasses will not improve vision.

Signature of Doctor _____ Typed or Printed Name of Doctor _____

Address (number and street) _____ City _____ State _____ ZIP Code _____

By signing, I authorize this information to be released to the Indiana Bureau of Motor Vehicles.

Signature of Driver _____ Printed Name of Driver _____ Date Signed (mm/dd/yyyy) _____