

Vision Referral Form

Your Details

Name

Driver's
Licence #

To be completed by an Ophthalmologist or an Optometrist

Visual Acuity (according to Snellen Chart)

	Both Eyes	Right Eye	Left Eye
Without correction or intraocular lens	6/	6/	6/
Correction with glasses or contact lenses	6/	6/	6/
Vision with latest correction	6/	6/	6/

If correction: Glasses _____ Contact Lenses _____ Intraocular Lenses _____

Do you recommend that your patient wear corrective lenses for driving? Yes No

Do you recommend that your patient avoid driving after dusk? Yes No

Visual Fields

Does the patient have a visual anomaly? Yes No

(In the case of a visual field anomaly or refraction above 10 dioptres, a copy of the visual field testing is required.)

Horizontal Visual Field: Right Eye _____ degrees, Left Eye _____ degrees

Was the visual field test taken with lenses worn for driving? Yes No

Note to Examiner: If you feel it useful, provide a test result or if refraction is over 10 dioptres, the visual field must be taken with lenses worn for driving.

Binocular Vision

Is there any binocular vision deficiency? Yes No

Comments

The main cause of the visual deficiency is: Congenital Hereditary Acquired

Name and address of Ophthalmologist or an Optometrist

Signature _____ Telephone (office) _____

Date of Examination _____

Under the authority of the Highway Traffic Act (HTA), personal information will be collected for the purpose of issuing a Newfoundland and Labrador Driver's Licence. Section 6 allows Motor Registration Division to disclose an applicant's personal information to other health professionals for the purpose of medical assessments related to driving requirements. Questions can be directed to the Medical Section at (709) 729-0345 or 1-877-636-6867.

Driver's Signature authorizing release of information and certifying it as correct.

Driver's Signature _____