

Vision Screening Form

Driver/Patient Full Name				Driver/Patient Maryland Driver's License Number		
MVA Vision Screening Results: Findings from the MVA's Vision Screening (For MVA use only)						
	Right Eye	Left Eye	Both Eyes	Field of Vision Continuous?	Color Vision Problems?	MVA Employee:
Acuity without lenses	20 / _____	20 / _____	20 / _____	Yes No	Yes No	MVA Office:
Acuity with present lenses	20 / _____	20 / _____	20 / _____			Date:
Field of Vision (degrees)	____ degrees	____ degrees	____ degrees			
Vision Specialist's Examination Results and Certification						
Please do not enter acuities achieved by telescopic lenses in this chart				Exam Date: _____		
	Right Eye	Left Eye	Both Eyes	Driver's License Requirements To qualify for an unrestricted driver's license, the State of Maryland requires drivers to have: <ul style="list-style-type: none"> • Binocular vision • Visual acuity (Snellen) of at least 20/40 in each eye • Continuous field of vision of 140 degrees Restricted licenses (outdoor mirrors both sides) may be issued to persons having: <ul style="list-style-type: none"> • Visual acuity of at least 20/70 in one or both eyes • Continuous field of vision of at least 110 degrees, with at least 35 degrees lateral to the mid-line of each side Persons with visual acuity of less than 20/70, but no worse than 20/100, require special handling by the MVA's Driver Wellness & Safety Division		
Acuity without lenses	20 / _____	20 / _____	20 / _____			
Acuity with present lenses	20 / _____	20 / _____	20 / _____			
Acuity with best standard spectacle correction	20 / _____	20 / _____	20 / _____			
Field of Vision (in degrees)	____ degrees	____ degrees	____ degrees			
For Commercial Licenses Only:						
Does the patient have 20/40 vision or better in EACH eye?				Yes	No	
Can this patient distinguish between red, green and amber colors?				Yes	No	
1. Are corrective lenses (standard spectacle) needed to meet vision requirements for driving?				Yes	No	
If corrected lenses are needed, has this patient acquired the lenses?				Yes	No	
2. Does this patient meet the continuous field of vision requirements specified by the MVA?				Yes	No	
3. Did the visual examination reveal any optical or medical reason that could preclude granting a license?				Yes	No	
If yes, please submit a Maryland MVA-DC-220 form.						
3. Will treatment improve this patients vision for driving?				Yes	No	
If yes, diagnosis/treatment: _____						
I certify under penalty of perjury that the information contained herein is true and accurate to the best of my knowledge, information and belief.						
Ophthalmologist/Optometrist's Signature			Printed Name		Date	
Ophthalmologist/Optometrist's Address			Phone Number		License State/Number	
Licensed to practice: Ophthalmology Optometry						