



CDL VISION SCREENING CERTIFICATE

Applicants for class A, B, or C learner's permits or licenses may use this form. This form must be completed by an ophthalmologist or by an optometrist who is licensed to practice in the Commonwealth of Massachusetts.

Minimum required visual standards for CDL as described by Federal Motor Carrier Safety Administration

49 CFR §391.41 Physical qualifications for drivers

"Has distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70° in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber;" **Monocular drivers are not qualified.**

Type or Print

Name of Applicant

License number

I hereby authorize the ophthalmologist or optometrist completing this form to discuss its content with representatives of the Registry of Motor Vehicles.

Applicant's Signature

Applicant's Phone

Date

VISION SCREENING DATA

1. VISUAL ACUITY (Snellen)	WITHOUT RX	WITH RX
Right Eye (OD)	20/	20/
Left Eye (OS)	20/	20/
Both Eyes (OU)	20/	20/

DO NOT USE QUALIFIERS SUCH AS + OR - SYMBOLS, OR THE COUNTING FINGERS ("CF") DESIGNATION TO INDICATE VISUAL ACUITY.

2. TOTAL HORIZONTAL VISUAL FIELD - Both Eyes Combined: _____ (Record in Degrees).
**Suggested Target size to be used: 10mm.

3. Are glasses and/or contact lenses needed for driving?

____ YES ____ NO (Check One)

(IF "YES", QUESTION 1 SHOULD INDICATE VISUAL ACUITY "WITH RX")

4. Is the applicant's vision characterized by:

Irresolvable Diplopia? ____ YES ____ NO (Check One)

NOTE: TO OBTAIN A LICENSE "NO" MUST BE CHECKED TO QUESTION 4.

5. Can the applicant distinguish red, green, and amber colors? _____ YES _____ NO (Check One)

NOTE: TO OBTAIN A LICENSE, "YES" MUST BE CHECKED TO QUESTION 5.

Listed below are the conditions, treatment, or medication plan, which the applicant must follow in order to maintain the validity of my professional opinion:

A license is valid for five (5) years.

Do you think that the applicant should be re-evaluated by the Registry during that time period? ___ YES ___ NO (Check One)

If "YES", please complete:

"I recommend a re-evaluation on _____ (month/year) due to _____ (condition/disease) and _____ (other factors/comments)."

VISION SCREENING ANALYSIS

Provided said applicant follows the conditions and treatment prescribed on this certificate, in my professional opinion the operator meets the minimum visual standards required by the Federal Motor Carrier Safety Administration (described above) and therefore is visually qualified to safely operate commercial vehicles.

_____ YES _____NO

I, the undersigned ophthalmologist or optometrist, agree to keep a copy of this Vision Screening Certificate in my office for a one-year period following the date of the screening.

I hereby certify that the information provided herein is true, accurate, and complete,

(MASSACHUSETTS REGISTRATION #)

(SIGNATURE OF OPHTHALMOLOGIST OR OPTOMETRIST)

(DATE OF SCREENING)

(PRINTED/TYPED NAME OF OPHTHALMOLOGIST OR OPTOMETRIST)

(_____) _____
(OFFICE PHONE)

Circle one: M.D O.D.

NOTE: THE REGISTRY WILL NOT ACCEPT THIS CERTIFICATE AFTER TWELVE MONTHS FROM DATE OF SCREENING. A PHOTOCOPY OF THE CERTIFICATE WILL NOT BE ACCEPTED. ONLY A CERTIFICATE WITH ORIGINAL WRITING WILL BE ACCEPTED.

Please be advised that Massachusetts may waive the federal visual standards for INTRASTATE commerce if the individual has a combined horizontal peripheral field of vision of not less than 120 degrees; provided the individual also has a distant visual acuity of at least 20/40 (Snellen) in **either** eye, with or without corrective lenses, and the ability to distinguish the colors red, green, and amber. The federal government also has a vision exemption program for INTERSTATE driving. To learn more about the federal program, visit their website at <http://www.fmcsa.dot.gov/rules-regulations/topics/medical/exemptions.htm>

To Be Completed By RMV Personnel Only:
REVIEWED AT _____ OFFICE ON _____ BY _____