VISION SPECIALIST REPORT

Secretary of State
State of Illinois

I. APPLICANT INFORMATION

Name	Last	First	Middle	Driver's License Number

Street Address	Birth Date (Month / Day / Year)	Sex
		☐ M ☐ F

City	County	ZIP Code	Driver Facility Control Number and Date:

II. INSTRUCTIONS TO VISION SPECIALIST

Applicants applying for an Illinois driver's license may be required to pass a vision screening. If the vision standards are not met, the applicant will be referred to a vision specialist. Driver Services employees do not recommend or suggest which registered vision specialist to contact.

Have the applicant sign and date this report in your presence. Place your signature and certificate number in Section VII. Comments may be entered in Section V. Sections VIII to XI (reverse side) must be completed for an applicant who desires to use a prescription mounted telescopic lens arrangement. READINGS WHICH INDICATE A PLUS (+) OR MINUS (–) ARE NOT ACCEPTABLE. (EXAMPLE: $20/40^{-1}$ OR $20/100^{+2}$)

If needed, a supplementary sheet, which has been signed and dated, may be attached to this report.

I authorize release of the report of this examination to the Secretary of State, Driver Services Department, Springfield, Illinois, for confidential use in my driver's record. This report shall remain valid for six months from the examination date shown below.

Applicant Signature _____ Telephone Number (Telescopic Lens Wearer Only) _____

III. ACUITY SECTION

Minimum Visual Screening Standards—Acuity

(For telescopic lens arrangements complete the report in Section VIII)

Acuity:
- **No restrictions** = 20/40 (*without corrective lenses*)
- Daylight driving only = 20/41 to 20/70 (*with best correction binocular*)
- Failure = 20/71 or less (*binocular*)
- Left and right outside rearview mirror = to or greater than 20/100 (*monocular*)

Vision Specialist Examination Certification

Acuity	Both	Right	Left
With correction	20/	20/	20/
Without correction	20/	20/	20/

IV. PERIPHERAL SECTION

Minimum Visual Screening Standards—Peripheral

Peripheral:
- Monocular = 70° temporal and 35° nasal (*105° total field*)
- Binocular = 140° total temporal field

(For telescopic lens arrangements complete the report in Section VIII)

Vision Specialist Examination Certification

Left Eye Temporal Reading	+	Right Eye Temporal Reading	=	Total Field of Vision*
_____ °		_____ °		_____ °

(140° or greater – qualification with no restrictions. If 139° or less see below)

* If the total field of vision above equals less than 140°, the applicant may still be able to qualify for a driver's license with restrictions. Screen each eye individually by finding a temporal **and** a nasal reading. At least one of the eyes must have a minimum temporal reading of 70° and a minimum nasal reading of 35° for a total of 105° in order to qualify with a restriction of **both** a left and a right outside rearview mirror. If neither eye has at least 70° temporal and 35° nasal, the applicant is not qualified to be licensed to drive in Illinois.

Complete **only** if received less than 140° total field of vision above:

Left Eye Temporal	+	Nasal	=	Total
_____ °		_____ °		_____ °

Right Eye Temporal	+	Nasal	=	Total
_____ °		_____ °		_____ °

V.

The specialist will please check all applicable items:

1. ____ Applicant should drive in daylight only.
2. ____ Applicant would not accept correction.
3. ____ Corrective lens(es) were accepted, checked and approved. Date: _____
4. ____ Prescription spectacle mounted telescopic lens arrangement. (*See reverse.*)

Comments:

VI.

Please check all applicable items:

1. ____ Annual exam
2. ____ Condition stable
3. ____ Condition deteriorating (please explain)
4. ____ Condition warrants monitoring (please explain)
5. ____ Other (please explain)

If #3, 4 or 5 is marked, please indicate diagnosis and your recommendation for re-examination in ____ 6 months ____ 12 months ____ Other

VII.

I certify that I have personally examined the eyes of the above-named individual and that a true record of my examination appears hereon.

Signature of Specialist _____ Certificate No. _____

Business Address _____ Telephone Number _____

Date of Examination _____ City/ZIP Code _____