



# VISION REPORT

Please be advised that the decision to allow an applicant to continue to retain his/her New Mexico driver's license is contingent upon the information provided in this medical report. It is imperative, and in the best interest of the applicant and the motoring public, that all questions be answered completely. This report may be reviewed by a physician or panel of physicians, who may request additional medical information. This form will become part of the applicant's record, is for confidential use of the physician, panel or division, and may not be divulged to any person or used as evidence in any trial.

**Medical Advisory Board Use Only**

- Approved  
 Denied

**ALL INFORMATION MUST BE TYPED OR CLEARLY PRINTED**

## Applicant Information

Applicant's Name (Last, First, Middle Initial)		Date of Birth	
Mailing Address		City, State ZIP Code	
Telephone Number	E-mail Address	Social Security Number	Driver's License Number

1. Give date of last examination

3. Visual Fields – Full? If not normal, indicate below.

2. VISUAL ACUITY

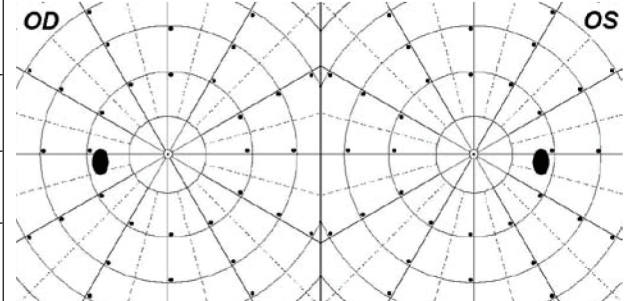
O.D.

O.S.

O.U.

Without glasses

With glasses or contact lenses (state which/both)



4. DIPLOPIA

If present, is it corrected?

5. Describe conditions impairing patient's vision.

6. Are any of the patient's vision defects/disabilities progressive?

Yes

No

7. List the kind, quantity and frequency of any medication with which the patient is being treated.

8. From a vision standpoint only, is the patient capable of safe and competent driving? (Please refer to standards on next page.)

Yes

No

9.Recommended restrictions: <input type="checkbox"/> Corrective lenses <input type="checkbox"/> Daylight hours		
10. Recommended renewal interval: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 4 years <input type="checkbox"/> 8 years <input type="checkbox"/> DENIAL - do not issue driver's license		
Physician's name (print clearly)		Office telephone number
Office Address		City, State ZIP Code
Physician's Signature	Date Signed	License Number

### Vision Report Form - Instructions for Physicians

The Motor Vehicle Division's Medical Advisory Board may review the Medical Report and make recommendations with respect to the patient's application for a new or renewal driver's license or permit.

The final decision to accept or deny an application is the responsibility of the MVD.

Physicians are asked to type or print all information carefully and legibly, to complete every section, and to follow these instructions when completing the Medical Report form:

- **Applicant Information:**

- Please start with the applicant's LAST NAME and print all information neatly.
- Complete all items, including Social Security Number (SSN). The SSN is confidential and will NOT be printed on the driver's license or permit.

- **Physician's Report:**

- #5 Describe ALL diseases or conditions that apply and could affect the patient's ability to drive safely and competently. Do NOT include diagnoses if they do not actually affect the applicant's ability to drive safely. Be sure to indicate treatment details, including dosage and level of control. Continue on another sheet of paper if necessary.
- #6 Indicate by checking yes or no whether the disease or condition is progressive.
- #8 If the applicant is NOT capable of driving safely, please explain, continuing on the reverse or on a separate sheet of paper.
- #9 Specify any driving restrictions that are appropriate based on the patient's disease or vision condition.
- #10 Indicate recommended time period to next license renewal date based on the patient's disease or vision condition and the appropriate frequency of reevaluation.

- **Vision standards:**

- Visual acuity must be at least 20/40 in the better eye, with or without corrective lenses. Vision between 20/50 and 20/80 reports reviewed by medical board, may receive license but with restrictions. Minimum vision must be 20/80 in the better eye to be licensed. Drivers must have a visual field of 120 degrees in the horizontal meridian, with at least 30 degrees in the nasal field of one eye.

- **Physician's name, contact information, signature, date and license number:**

- Please complete ALL sections NEATLY.

- **Return completed form to MVD Driver Services Bureau:**

- Please return the completed Vision Report to Attn: Drivers Services Bureau, Motor Vehicle Division, P.O. Box 1028, Santa Fe, NM 87504-1028.

Otherwise, the driver may take the Vision Report to a MVD field office for issuance of a permit or driver's license based on the physician's recommendations.