REGISTRY OF MOTOR VEHICLES

Class D and M Vision Screening Certificate

Applicants for a Class D or M learner's permit or driver's license 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.

A. Applicant Information

Last Name	First Name	Middle Name	Suffix

Massachusetts Driver's License #	Phone #	
		Signature: _____ Date: _____

B. Vision Screening Data

1. **Visual Acuity (Snellen)**	**Without RX**	**With RX**	**With Bioptic Telescope** (Class D Licenses Only)
Right Eye (OD)	20/___	20/___	20/___ (through telescope)
Left Eye (OS)	20/___	20/___	20/___ (through carrier lens)
Both Eyes (OU)	20/___	20/___	20/___ (through other lens)

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

If yes, Question #1 should indicate visual acuity "With RX"

4. Are bioptic telescopic lenses needed for driving? ☐ Yes ☐ No

a) If yes, Question #1 should indicate visual acuity "With Bioptic Telescope" as well as "With RX"

b) If yes, the bioptic telescope:

Is Monocular? ☐ Yes ☐ No

Is Fixed focus? ☐ Yes ☐ No

Is NO greater than 3X? ☐ Yes ☐ No

Is Spectacle-mounted and an integral part of the lens? ☐ Yes ☐ No

Does not occlude the line of sight or other eye? ☐ Yes ☐ No

NOTE: To obtain a license, "Yes" must be checked for ALL of the criteria in Question # 4b.

5. Is the applicant's vision characterized by Unresolved Diplopia? ☐ Yes ☐ No

NOTE: To obtain a license, "No" must be checked in Question # 5.

6. Can the applicant distinguish red, green, and amber colors? ☐ Yes ☐ No

NOTE: To obtain a license, "Yes" must be checked in Question # 6.

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

If "YES," please complete:

"I recommend a re-evaluation on _____ (month/year) due to _____ (condition/ disease)

and _____ (other factors/comments)."

Turn over to complete reverse side

Last Name of Applicant: _____ Applicant's License #: _____

C. 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 Commonwealth of Massachusetts (described below) and therefore is visually qualified to safely operate the following vehicle(s):

Yes	No	
☐	☐	.....Ordinary passenger vehicles not being operated to transport passengers for hire, with the following exceptions (if any)

_____

I, the undersigned ophthalmologist or optometrist, agree to keep a copy of this Vision Screening Certificate in my office for a 12 month period following the date of the screening. **I hereby certify that the information provided herein is true, accurate, and complete.**

Ophthalmologist or Optometrist Name		Massachusetts Registration #
Date of Screening (MM/DD/YYYY)	Office Phone #	Check One ☐ M.D. ☐ O.D.

Ophthalmologist or Optometrist Signature: _____ Date: _____

NOTE: this certificate will not be accepted by the registry after 12 months from date of Screening.
A photocopy of the certificate will not be accepted. Only a certificate with original writing will be accepted.

To Be Completed by RMV Personnel Only

Reviewed at: _____ Office On: _____ By: _____

Minimum required visual standards:

- At least 20/40 distant visual acuity (Snellen) in either eye, with or without corrective lenses, AND not less than 120 degrees combined horizontal peripheral field of vision: **Eligible for a license.**
- Between 20/50 - 20/70 distant visual acuity (Snellen) in either eye, with or without corrective lenses, AND not less than 120 degrees combined horizontal peripheral field of vision: **Eligible for a license with a "daylight only" restriction.**
- For bioptic telescopic lens wearers: at least 20/40 distant visual acuity (Snellen) through the telescope, at least 20/100 distant visual acuity (Snellen) through the carrier lens, at least 20/100 distant visual acuity (Snellen) through the other lens, AND not less than 120 degrees combined horizontal peripheral field of vision: eligible for a license with a "daylight only" restriction, provided the bioptic telescopic lens meets the criteria described on the front of this document.