



**State of Maine  
Bureau of Motor Vehicles**

**EYE EXAMINATION FORM**

***THIS SECTION TO BE COMPLETED BY DRIVER (please print)***

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Driver's License Number \_\_\_\_\_  
\_\_\_\_\_ Telephone \_\_\_\_\_

***TO BE COMPLETED BY LICENSED VISION EXAMINER***

*Based on your examination of this patient and according to Functional Ability Profile rules (FAP).*

<b>VISUAL ACUITY</b>	Without Correction	With Correction
Right eye	20/_____	20/_____
Left eye	20/_____	20/_____

**Telescopic or bioptic lenses are not permitted for the visual acuity tests above.**

**VISUAL FIELDS**

*If visual field is less than 50° to left & 50° to right of fixation, or if less than 120° total, see FAP guidelines.*

Left of point of fixation \_\_\_\_\_ Right of point of fixation \_\_\_\_\_ TOTAL Degrees \_\_\_\_\_

***Fresnel paste on prism lenses are not permitted for the visual field tests above.***

**OCULAR MOTILITY**

Is there definite ocular motility that is likely to produce diplopia or other safety hazard?  Yes  No

Please provide FAP profile level & treatment required to correct diplopia \_\_\_\_\_

**OTHER EYE CONDITIONS (please indicate those that apply)**

Driver has possible progressive visual defect  Reexamination recommended in(specify) \_\_\_\_\_

Patient uses bioptic telescopic lenses for driving  Patient has hemianopsia

**LICENSE RESTRICTIONS**

*Corrective lenses – Corrected visual acuity of 20/100 or better.*

*Daylight only driving – Best eye corrected visual acuity of 20/50 to 20/100.*

*Correctable diplopia may also require a license restriction.*

**OTHER RECOMMENDATIONS**

VISION EXAMINER NAME \_\_\_\_\_ DATE OF EXAM \_\_\_\_\_  
(must be within past 12 months)

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## IMPORTANT EYE EXAMINATION INFORMATION

Maine law requires that individuals have their eyes tested when applying for a license, at certain renewal times and/or when required because of certain eye conditions. The date of exam on this form must not be more than one year prior to receipt by BMV. 29-A MRSA §1258 and §1303

### **FOR DRIVER'S LICENSE EXAMINATION APPLICANTS**

A vision test is required prior to taking your driver's license examination. You may take a vision test at no fee when you appear for your driver's examination. Alternatively, you may have a doctor of your choice provide the exam at your expense. The doctor who conducts the examination must complete the reverse side of this form. You will need to give the completed form to the driver's license examiner at the time of your driver's examination.

### **FOR INDIVIDUALS RENEWING A DRIVER'S LICENSE**

A vision screening is required for individuals renewing their license at the first license renewal after attaining age 40 and at every 2nd renewal after that. A vision screening is required at every license renewal after attaining age 62. It is not required that you visit an eye doctor.

Vision testing can be completed at any branch office or mobile unit location at no cost to you. This exam will be completed at the time of renewal, and the results will be recorded on your renewal form.

Alternatively, you may have a doctor of your choice provide the eye exam at your own expense. The doctor who conducts the exam must complete the reverse side of this form. You will need to bring the completed form with you when you come in to renew your license. The doctor's exam may not be completed more than a year prior to your license renewal date.

### **FOR INDIVIDUALS WITH CERTAIN EYE CONDITIONS**

An Eye Examination Form may be required of individuals with certain vision conditions. When required to submit an eye examination form, you may have the doctor of your choice provide the exam at your own expense. The doctor who conducts the exam must complete the reverse side of this form.

**Please mail or fax** completed form to: Bureau of Motor Vehicles, Medical Section  
29 State House Station, Augusta, ME 04333-0029  
Fax: (207) 624-9319

Questions or concerns, call: (207) 624-9000, ext. 52124  
Website: <http://www.maine.gov/sos/bmv/licenses/medical.html>

## **AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

**I hereby authorize the release of my medical history** by \_\_\_\_\_  
to the Bureau of Motor Vehicles. I understand that this information may be shared with any qualified health care professional submitting information pertaining to the disclosed medical history for the purpose of determining my eligibility for a driver's license.

**PATIENT SIGNATURE** \_\_\_\_\_ **PHONE NUMBER** \_\_\_\_\_  
**DATE** \_\_\_\_\_

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Veterans please visit the Bureau of Veterans' Services website at <http://www.maine.gov/veterans> for information on state and federal benefits your military service may have earned you.