



VISION REPORT

Please be advised that the decision to allow an applicant to continue to retain his/her driver's license is contingent upon the information provided in this medical report. It is imperative that all questions be answered completely. This form will become part of the applicant's record. It is for confidential use of the physician or division and may be divulged to any person or used as evidence in any trial.

Recommend Testing

- N/A
- Knowledge exam
- Skills exam
- Knowledge & skills exam

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	
Area Code + Telephone Number	E-mail Address	Social Security Number	NM Driver's License Number

1. Give date of last examination				3. Visual Fields - Full? If not normal, indicate below.	
2. VISUAL ACUITY	O.S.	O.D.	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? <input type="checkbox"/> Yes <input type="checkbox"/> No					
7. List the kind, quantity and frequency of any medication with which the patient is being treated.					

Last name, First name, & DOB		
8. From a medical standpoint only, is the patient capable of safe and competent driving? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Recommended restrictions for Driving: <input type="checkbox"/> Corrective lenses <input type="checkbox"/> Daylight hours <input type="checkbox"/> None		
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 Street Address	City, State ZIP Code	
Physician's Signature	Date Signed	Physicians License Number

Vision Report Form - Instructions for Physicians

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 the recommended renewal period for the next issuance of driver's license base on the patient's disease, vision condition and reevaluation.

- **Vision standards:**

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.

- **There are several ways to Return completed form to MVD Drivers Services Bureau: Please select one of the following:**

- Mail the Vision Report document to:
 - Attn: Driver's Bureau Motor Vehicle Division
 - PO Box 1028
 - Santa Fe, NM 87504-1028
- Upload the Vision Report document to: MVDOnline.com>Eservices>Forms> Submit Medical Documentation or
- Schedule an appointment at your nearest MVD office
 - State office appointments at MVDOnline.com