



# 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

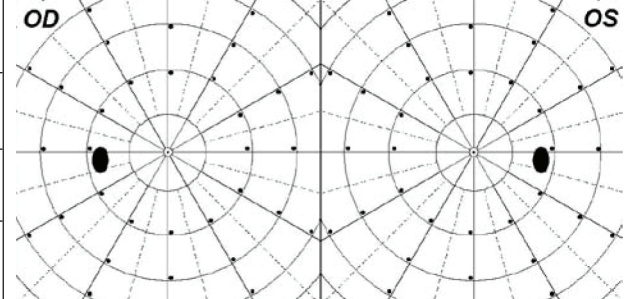
3. Visual Fields – Full? If not normal, indicate below.

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

