



Motor Vehicle Division

32-4001 R08/20 azdot.gov

Mail Drop 818Z
Medical Review Program
PO Box 2100
Phoenix AZ 85001-2100

VISION EXAMINATION REPORT

Form with fields: Driver Name (first, middle, last, suffix), Date of Birth, DL / Customer Number, State, Phone, Street Address, City, State, Zip

PATIENT MUST COMPLETE AND SIGN THE "MEDICAL INFORMATION RELEASE" ON THIS FORM BEFORE GIVING IT TO PHYSICIAN

Medical Information Release: I hereby authorize this physician to release to the Motor Vehicle Division any requested medical information that is pertinent to my ability to safely operate a motor vehicle.

Form with fields: Patient Name (or legal guardian), Signature, Date

MUST BE COMPLETED BY PHYSICIAN -

Examination Date < - Examination Date must be within last 90 days to be accepted by MVD.

NOTE: Bioptic Telescopic Lens system was used to complete test?
Yes (If YES, then page 2 is required) No

Table with columns: Vision - Test Results, Visual Acuity (Uncorrected/Corrected), Visual Field (Temporal/Nasal), and Vision Standard/Restrictions.

Form with text: Visual Acuity of 20/40 or better achieved in at least one eye? Visual Field at least 70 degrees temporal, and 35 degrees nasal, in at least one eye. Required for Commercial Drivers: Can driver distinguish colors of the signals/devices showing standard red, green and amber? Driver used corrective lenses during test? Is Patient's vision? Monocular - Binocular

Form with fields: Physician or Optometrist Name (printed), Physician or Optometrist Signature, Medical License Number, State, Phone

Driver Instructions: MVD can only accept fully completed forms. Under the statutory authority below, you are required to have this Vision Examination Report completed by a physician or optometrist.

Drivers experiencing any medical condition that affects driving ability are required to report the condition to MVD as soon as the medical condition allows. \*Drivers passing standard, only page 1 needs to be completed and submitted to MVD to meet vision requirements.

Physician/Optomtrist Instructions: The driver may need this form completed to be eligible for a driver license. Your response to the questions on this form will indicate to MVD how this person's vision affects his or her ability to safely perform the functional skills involved in driving.

Arizona law provides immunity from personal liability to physicians in supplying completed medical forms. It is important that your patient signs the release statement on the top of the form.

Authority: Arizona Revised Statutes (ARS) 28-3005, 28-3314; Arizona Administrative Code R17-4-502, R17-4-503



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**VISION EXAMINATION REPORT**

Page 2 - Comprehensive Medical Eye Report

Driver Name (first, middle, last, suffix)		DL / Customer Number	
Diagnosis			
MVD vision standards specify that persons with diagnosed impaired night vision be restricted to daytime driving only. Do you recommend the restriction for this person? Authority R17-4-503 <input type="checkbox"/> Yes <input type="checkbox"/> No			
Bioptic Telescopic Lens System <input type="checkbox"/> Yes <input type="checkbox"/> No Bioptic Telescopic corrected vision is 20/40 or better <input type="checkbox"/> Yes <input type="checkbox"/> No Magnification is 4X or less Yes response to both questions is required for use of bioptic telescopic lenses system.			
Do you recommend that MVD monitor this person's condition by requiring periodic vision reports? <input type="checkbox"/> Yes (please explain) <input type="checkbox"/> No If yes, then review in: <input type="checkbox"/> 6 months <input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years			
Any recommendations on this person's ability to safely operate a motor vehicle? <input type="checkbox"/> Yes (please explain) <input type="checkbox"/> No			
Physician or Optometrist Name (printed)		Physician or Optometrist Signature	
Medical License Number	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> OD	State	Phone (       )

**Driver Instructions (page 2):** The completed Comprehensive Medical Eye Report will be evaluated by the Medical Review Program. Based upon the information provided, MVD will make a licensing decision. It is possible that you may be required to submit additional medical information and successfully complete any required testing.

Any driver experiencing any medical condition that affects driving ability is required to report the condition to MVD as soon as the medical condition allows.

**Physician/Optometrist Instructions:** The driver must have this form completed to be eligible for a driver license. Your response to the questions on this form will indicate to MVD how this person's vision affects his or her ability to safely perform the functional skills involved in driving.

Arizona law provides immunity from personal liability to physicians in supplying completed medical forms. It is important that your patient signs the release statement on the top of the form. This gives you the authorization to release pertinent medical information to MVD. State law makes MVD responsible for the licensing decision on individuals.