

Driver Medical Report

Driver Medical Report of Distance Vision for Group 2 License

Voucher No		Issue Date	
		Expiry Date	
Organisation		Contact Tel. No.	
Employee Name			

RESULT OF VISION CHECK

(Please complete by ticking the appropriate boxes below)

Visual Acuity (Snellen or Decimal) a visual acuity (using corrective contact lenses where needed) of at least: Snellen 6/7.5 (Snellen decimal 0.8) in the better eye and Snellen 6/60 (Snellen decimal 0.1) in the poorer eye	R	L
Were glasses/contact lenses required to meet this standard?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If glasses are worn to meet this standard, is the refractive error no higher than +8DS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a history of any medical condition that may affect the applicant's binocular field of vision? (central and/or peripheral)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there any symptoms of Diplopia? (If yes, is it controlled? Please give further details below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there an intolerance to glare and/or impaired contrast sensitivity and/or impaired twilight vision?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the applicant have any other Ophthalmic condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Details/Additional Information	
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Does the employee/patient meet the standards required for <u>Group 2 driving license</u>?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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DETAILS OF TESTER

Signature:	Practice name, address and telephone no. (Use official stamp if available)
Print Name:	
Qualification:	Date:

You must tell the DVLA if you have got any problems with your eyesight that affects either eye. You may still be able to renew your lorry or bus license if you can't meet these standards but held your license before 1 January 1997.

Please complete all details and return the completed medical report to the patient. The corresponding voucher must be returned to Smart Employee Eyecare by email (vouchers@smartemployee-eyecare.com) or fax (01224 212 700)