

# Driver Medical Report



**Driver Medical Report of Distance Vision for Group 1 License**

<b>Voucher No</b>		<b>Issue Date</b>	
		<b>Expiry Date</b>	
<b>Organisation</b>		<b>Contact Tel. No.</b>	
<b>Employee Name</b>			

The patient must be able to read (with glasses or contact lenses, if necessary) a car number plate made after 1 September 2001 from 20m.

The patient must also meet the minimum eyesight standard for driving by having a visual acuity of at least decimal 0.5 (6/12) measured on the Snellen scale (with glasses or contact lenses, if necessary) using both eyes together or, if the patient has sight in one eye only, in that eye.

<b>RESULT OF VISION CHECK</b> (Please complete by ticking the appropriate boxes below)			
<b>Binocular Visual Acuity (Snellen or Decimal)</b>			
<b>Were glasses/contact lenses required to meet this standard?</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Any medical conditions which may affect visual field?</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Were visual fields full?</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Does the employee/patient meet the standards required for <u>Group 1 driving license</u>?</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

<b>DETAILS OF TESTER</b>	
<b>Signature:</b>	<b>Practice name, address and telephone no.</b> (Use official stamp if available)
<b>Print Name:</b>	
<b>Qualification:</b>	<b>Date:</b>

**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](mailto:vouchers@smartemployee-eyecare.com)) or fax (01224 212 700)**