

VISION SPECIALIST REPORT

DRIVER FACILITY CONTROL #

Secretary of State
State of Illinois

I. APPLICANT INFORMATION/TO BE FILLED OUT BY APPLICANT PLEASE PRINT

Name	Last	First	Middle	Driver's License Number
Street Address				Birth Date Month Day Year
City				Gender <input type="checkbox"/> M <input type="checkbox"/> F
County		ZIP Code		Telescopic Readings On Reverse

I authorize release of the report of this examination to the Secretary of State, Driver Services Department, Springfield, IL, for confidential use on my driving record. This report is valid for six (6) months from the examination date below.

Applicant Signature _____

Telephone Number (Telescopic Lens Wearer Only) _____

II. ACUITY SECTION

READINGS THAT INDICATE A PLUS (+) OR MINUS (-) ARE NOT ACCEPTABLE. (example: 20/40⁻¹ or 20/100⁺²)

Acuity	<u>Vision Specialist Examination Certification</u>		
	Both	Right	Left
With correction	20/	20/	20/
Without correction	20/	20/	20/

- Specialist – Check All Applicable Items:**
- Daylight Driving Only
 - Left and Right Outside Rearview Mirrors
 - Applicant Would Not Accept Correction

Secretary of State Minimum Visual Screening Standards – Acuity
Acuity: No restrictions = 20/40 binocular (without corrective lenses)
Daylight driving only = 20/41 to 20/70 (with best correction binocular)
Failure = 20/71 or less (binocular)
Left and right outside rearview mirror ≥ 20/100 (monocular)

FOR SECRETARY OF STATE USE ONLY

REVIEW HOST FOR: Peripheral Reading _____

Acuity Reading _____ (Initials)

III. PERIPHERAL SECTION

Secretary of State Minimum Visual Screening Standards – Peripheral
140° binocular or monocular 70° temporal and 35° nasal

All individual readings must be completed in entirety to be accepted.

<u>Binocular Readings</u>			<u>Monocular Readings</u>			<u>Monocular Readings</u>		
Temporal Left Eye	Temporal Right Eye	Total Field of Vision	Temporal Left Eye	Nasal Left Eye	Total Field of Vision	Temporal Right Eye	Nasal Right Eye	Total Field of Vision
+	=	_____	+	=	_____	+	=	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

* If the total field of vision above equals less than 140°, the applicant may still be able to qualify for a driver's license with restrictions. Screen each eye individually by finding a temporal and a nasal reading. At least one eye must have a minimum temporal reading of 70° and a minimum nasal reading of 35° for a total of 105° to qualify with a restriction of both a left and right outside rearview mirror. **If neither eye has at least 70° temporal and 35° nasal, the applicant is not qualified to be licensed to drive in Illinois.**

IV. FOLLOWUP REQUIREMENTS

- | | |
|---|---|
| Specialist - check all applicable items: | Please indicate recommendation for re-examination |
| 1. <input type="checkbox"/> Condition warrants monitoring or deteriorating. | <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> Other _____ |
| 2. Is the visual condition secondary to a medical condition? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

V. MEDICAL PROVIDER

I certify that I have examined the eyes of the above-named individual and that a true record of my examination appears hereon.

Date of Examination: _____ Provider's Signature: _____
(Stamped signatures unacceptable)

Professional License Number and State License Issued: _____ MD/DO OD

Business Address: _____ City/ZIP Code: _____

Telephone Number: _____

This Side to be Completed for Prescription Mounted Telescopic Lens Wearers ONLY.

Sections I, IV and V (front) and the following sections must be completed for prescription spectacle mounted telescopic lens wearers. Applicants who qualify to drive with the use of a prescription telescopic lens arrangement are restricted to driving during daylight hours only, unless otherwise indicated, and are eligible for a Class "D" driver's license only.

VI. TELESCOPIC ACUITY SECTION:

READINGS THAT INDICATE A PLUS (+) OR MINUS (-) ARE NOT ACCEPTABLE. (example: 20/40⁻¹ or 20/100⁺²)

Vision Specialist Examination Certification (all readings below must be completed)

Secretary of State Minimum Visual Screening Standards – Acuity

- Central acuity through the telescopic lens must be $\geq 20/40$
- Central acuity through the carrier must be $\geq 20/100$
- Left and right outside rearview mirror $\geq 20/100$
(monocular vision through telescopic lenses)

Acuity	Both	Right	Left
Through carrier lenses	20/	20/	20/
Through telescopic lenses	20/	20/	20/
Without correction	20/	20/	20/

VII. TELESCOPIC PERIPHERAL SECTION:

Secretary of State Minimum Visual Screening Standards – Peripheral
Peripheral 140° binocular or monocular 70° temporal and 35° nasal with the prescription spectacle mounted telescopic lens(es) in place and without the use of field enhancers.

All individual readings must be completed in entirety to be accepted

Binocular Readings			Monocular Readings			Monocular Readings		
Temporal Left Eye	Temporal Right Eye	Total Field of Vision	Temporal Left Eye	Nasal Left Eye	Total Field of Vision	Temporal Right Eye	Nasal Right Eye	Total Field of Vision
_____	_____	_____	_____	_____	_____	_____	_____	_____
	+	=		+	=		+	=

* If the total field of vision above equals less than 140°, the applicant may still be able to qualify for a driver's license with restrictions. Screen each eye individually by finding a temporal and a nasal reading. At least one eye must have a minimum temporal reading of 70° and a minimum nasal reading of 35° for a total of 105° to qualify with a restriction of both a left and right outside rearview mirror. **If neither eye has at least 70° temporal and 35° nasal, the applicant is not qualified to be licensed to drive in Illinois.**

VIII. TELESCOPIC APPLICANT ISSUED AND RECEIVED LENS ARRANGEMENT

In your professional opinion, is there any indication that the applicant may not be capable of safely operating a motor vehicle? Yes No

- The patient has been fitted for a prescription spectacle-mounted telescopic lens arrangement and has had this arrangement in his/her possession for at least 60 days prior to the application date: Yes No
- Is the patient's condition stable? Yes No
- Date applicant issued telescopic lens arrangement: _____
- Date applicant received telescopic lens arrangement: _____
- Power of telescopic lens arrangement: **(Telescopic lens(es) may not exceed 3X wide angle, or 2.2X standard)**
Power reading: _____ Wide Standard
- Additional comments or restrictions: _____

IX. TELESCOPIC REQUIREMENTS

Has the patient completed all the following requirements AFTER the 60-day period of the new/current prescription? Yes No

- The patient has clinically demonstrated the ability to locate stationary objects within the telescopic field by aligning the object directly below the telescopic lens and moving the head down and the eyes up simultaneously.
- The patient has clinically demonstrated the ability to locate a moving object in a large field of vision by anticipating future movement, so that by moving the head and eyes in a coordinated fashion, he/she is able to locate the moving object within the telescopic field.
- The patient has clinically demonstrated the ability to remember what has been observed after a brief exposure, with the duration of the exposure progressively diminished to simulate reduced observation time while driving.
- The patient has experienced levels of illumination, which may be encountered during inclement weather or when driving from daylight into areas of shadow or artificial light, and the patient has clinically demonstrated the ability to successfully adjust to such changes.
- The patient has experienced walking and riding as a passenger in a motor vehicle so that he/she has a practical experience of motion while objects are changing position.