		VISIO	N SPEC	IALIST	REPORT		DRIVE	ER FACILI	TY CONTROL #
								Se	cretary of State
	-ORMATION/TO BE Last	FILLED OUT BY A	PPLICANT	PLEASE PF Midd		Driver's Lic	ense Num	ber	State of Illinois
					-				
Street Address						Month	Birth Date Day	Year	Gender
City		County		ZIP (Code	Telescopic Readings On Reverse			On Reverse
		examination to the d for six (6) mo	-				gfield, IL,	for confid	lential use on m
pplicant Signature				Tele	phone Number (Te	elescopic Lens	Nearer On	ly)	
II. ACUITY SECTI	ON								
RE	EADINGS THAT INE	DICATE A PLUS (+)	OR MINUS (·) ARE NOT	ACCEPTABLE.	(example: 20	/40 ⁻¹ or 2	20/100+2)	
Visio	on Specialist Examir	nation Certification			Special	ist – Check A	II Applica	ble Items	:
Acuity	Both	Right	Left	🗆 Davli	aht Driving Only				
Vith correction	20/	20/	20/	🗆 Left a	and Right Outside	Rearview Mir	rors		
Vithout correction	20/	20/	20/	🗆 Appli	cant Would Not A	ccept Correct	on		
ecretary of State M	linimum Visual Scre	ening Standards -	Acuity	FOR SE	CRETARY OF ST	ATE USE ON	LY		
		without corrective ler with best correction bi		REVIEW HOST FOR: Peripheral Reading					
ailure = 20/71 or les			liocular)			Acuity Readir	g	(Initials)	
III. PERIPHERAL				L					
	eening Standards-	Dorinhorol							
	·	•		Vision	Succielist Eveni	nation Contifi			
eripnerai: – Mono	cular = 70° temporal (105° total)				Specialist Examin				_
– Binoc	ular = 140° total temp	ooral field	Left Ey Temporal Re		Right Ey Temporal Re			I Field of ision*	0
									ualification with no or less see below.
y finding a temporal qualify with a restr	and a nasal reading.	s than 140°, the applie At least one eye mus and a right outside re is.	t have a minim	num tempora	l reading of 70° ar	nd a minimum	strictions. nasal rea	Screen ea ding of 35°	ch eye individuall for a total of 105
omplete only if appl	licant received less th	nan 140° total field of	vision above:						
	Left Eye					Righ	t Eye		
Temporal	Nasal +	Total =			Temporal	Na +	sal	=	Total
°		o	°		°		°		0
IV. FOLLOWUP R pecialist check all ap				0 🗆	Corrective lense	(aa) wara aaa	ntod obo	okod opd	approved
OPINION - Re	quired ONLY if driver report indicating drive	is currently canceled er is NOT visually safe			Date:			_	
In my professional opinion, this individual is NOT visually fit to safely operate a motor vehicle.			If Question 3 is marked, recommendation for re-examination MUST b indicated below:						
	essional opinion, this notor vehicle.	individual is visually f	it to safely			6 months		12 months	G Other
V. MEDICAL PRO	VIDER								
certify that I have e	examined the eyes of	of the above-named	individual an	d that a true	e record of my ex	kamination ap	pears he	ereon.	
ate of Examination:		Provider's S	ignature (Stam	ped signature	s unacceptable): _				
	Number and State Li	cense Issued:							

Business Address:	City/ZIP Code:
Telephone Number:	

This Side is 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 using 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.

READINGS THAT INDICATE A PLUS (+) OR MINUS (-) ARE NOT ACCEPTABLE. (example: 20/40 ⁻¹ or 20/100 ⁺²). Usion Specialist Examination Certification (all readings below must be completed) Secretary of State Minimum Visual Screening Standards - Acuity Acuity Both Right Left Contral acuity through the telescopic lens must be 20/100 Through carrier lenses 20/ <t< th=""><th><u>Vision Specialist Examinat</u> Secretary of State Minimum Visual Screening Standards – Ac - Central acuity through the telescopic lens must be $\ge 20/40$</th><th>tion Certification (all read</th><th></th><th></th><th>20/100⁺²)</th><th></th></t<>	<u>Vision Specialist Examinat</u> Secretary of State Minimum Visual Screening Standards – Ac - Central acuity through the telescopic lens must be $\ge 20/40$	tion Certification (all read			20/100 ⁺²)				
Secretary of State Minimum Visual Screening Standards – Acuity Acuity Both Right Left Central acuity through the telescopic lens must be ± 20/100 Through carrier lenses 20/ 20/ 20/ 20/ Left and right outside rearriew minor ± 20/100 Through telescopic lenses 20/<	Secretary of State Minimum Visual Screening Standards – Action $-$ Central acuity through the telescopic lens must be $\geq 20/40$		ings below must be comp	<u>pleted)</u>					
Central acuity through the telescopic lens must be ≥ 20/40 Central acuity through the telescopic lenses ≥ 20/100 Through carrier lenses ≥ 20/2 ≥ 20/20/20/20/20/20/20/20/20/20/20/20/20/2	- Central acuity through the telescopic lens must be ≥ $20/40$	cuity							
- Central acuity through the telescopic lens must be 2 20/40 - Central acuity through the carrier must be 2 20/100 - Lett and right outside rearview mirror 2 20/100 - Lett and right outside rearview mirror 2 20/100 - Uti TELESCOPIC PERIPHERAL SECTION: Minimum Visual Screening Standards—Peripheral Peripheral: - Monocular = 70° temporal and 35° nasal (105° total field) - Binocular = 140° total temporal field - Binocular = 140° total temporal field - Binocular = 140° total temporal field - Uti telescopic lenses		Juny	cuity Acuity			Left			
	Control could the the control have 00/100			20/	•	20/			
VI. TELESCOPIC PERIPHERAL SECTION: Minimum Visual Screening Standards – Peripheral Peripheral: - Monocular = 70° temporal and 35° nasal (105° total field) - Binocular = 140° total temporal field Left Eye * If the total field of vision above equals less than 140°, the applicant may still be able to qualify with a restriction of both a left and a right outside rearview mirror. If neither eye has at least 70° temporal and 35° nasal, (140° or greater – qualification with restrictions. If 139° or less see below to qualify with a restriction of both a left and a right outside rearview mirror. If neither eye has at least 70° temporal and 35° nasal, the applicant is required with restrictions. Screen each eye individue to qualify with a restriction of both a left and a right outside rearview mirror. If neither eye has at least 70° temporal and 35° nasal, the applicant is required with restrictions. Screen each eye individue to the licensed to drive in Illinois. Complete only if applicant received less than 140° total field of vision above: Left Eye Right Eye Temporal Nasal o o y Nasal o o the total field for a prescription spectacle-mounted telescopic lens arrangement and has had this arrangement in their possesion for at least 60 days before the application data: Y Y Complete only if applicant received telescopic lens arrangement: Y Y Y <td>, ,</td> <td>Thro</td> <td>20/</td> <td>20/</td> <td>20/</td>	, ,	Thro	20/	20/	20/				
Minimum Visual Screening Standards – Peripheral Peripheral: - Monocular = 70° temporal and 35° nasal (105° total field) - Binocular = 140° total temporal field Left Eye Temporal Reading -	(monocular vision through telescopic lenses)	With	out correction	20/	20/	20/			
Peripheral: - Monocular = 70° temporal and 35° nasal (105° total field) - Binocular = 140° total temporal field 'I the total field of vision above equals less than 140°, the applicant may still be able to qualify with a restriction. If 138° nasal to qualify with a restriction of both a left and a right outside rearview mirror. If neither eye has at least 70° temporal and 35° nasal, the applicant field of vision above: Left Eye Right Eye Temporal and 35° nasal, the applicant may still be able to qualify for a driver's license with restrictions. If 138° no less see below to qualify with a restriction of both a left and a right outside rearview mirror. If neither eye has at least 70° temporal and 35° nasal, the applicant is no less than 140° total field of vision above: Left Eye Right Eye Right Eye Temporal and 35° nasal, the applicant is no less than 140° total field of vision above: Left Eye Right Eye Nasal Total Temporal Total Temporal and 35° nasal, the applicant is no less than 140° total field of vision above: Left Eye Right Eye Nasal Total Temporal Total Temporal And 35° nasal, the applicant is no less than 140° total field of vision above: Left Eye Nasal Total Temporal Nasal Total Nasal Total Nasal Total of + Nasal Total Nasal Temporal Nasal Total 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 their possession for at least 60 days before the application date: Yes No • Date applicant received telescopic lens arrangement: • Power of telescopic lens arrangement: • Power of telescopic lens arrangement: • Power of telescopic lens arrangement: • Power reading: • The patient is safe to operate a motor vehicle during nighttime hours while using a telescopic lens arrangement: • Power reading: • Wide Standard • The pat	VII. TELESCOPIC PERIPHERAL SECTION:								
(105° total field) - Binocular = 140° total temporal field Left Eye Temporal Reading Total Field of Total Field of Total Field of Vision* (140° or greater - qualification with restrictions. If 139° or less see below to qualify with a restriction of both a left and a right outside rearview mirror. If neither eye has at least 70° temporal and 35° nasal, the applicant of to qualified to be licensed to drive in Illinois. Complete only if applicant received less than 140° total field of vision above: Left Eye Temporal Nasal Total 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? The patient has been fitted for a prescription spectacle-mounted telescopic lens arrangement and has had this arrangement in their possession for at least 60 days before the application date: Power of telescopic lens arrangement: Power reading: Power reading: Power reading: The patient has for operate a motor vehicle diversion spectacle-mounted telescopic lens arrangement and has had this arrangement in their Power reading: Power reading: Power reading: May a plicant received lessopic lens arrangement: Power reading: (Only applicable to drivers who meet the standards to be granted nighttime privileges as per Title 92, Section 1030.75 of the Illinois Administrative Code.)	Minimum Visual Screening Standards—Peripheral								
Binocular = 140° total temporal field Left Eye Temporal Reading * Premporal reading Premporal 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 1C to qualify with a restriction of both a left and a right outside rearview mirror. If neither eye has at least 70° temporal and 35° nasal, the applicant is n qualified to be licensed to drive in IIIInois. Complete only if applicant received less than 140° total field of vision above: Left Eye Right Eye Temporal Nasal Total Temporal Nasal Total Nasal Total Nasal Total Nasal Premoval		Vision Specialist Examination Certification							
	 Binocular = 140° total temporal field 	Temporal Reading	eading Temporal Reading		Vision*				
Temporal Nasal Total Temporal Nasal Total	by finding a temporal and a nasal reading. At least one eye must to qualify with a restriction of both a left and a right outside rea qualified to be licensed to drive in Illinois. Complete only if applicant received less than 140° total field of v	have a minimum tempor arview mirror. If neither	al reading of 70° and a mi	vestric with restrictio nimum nasal nporal and 3	tions. If 139° o ns. Screen ead reading of 35°	or less see below ch eye individual for a total of 10			
* =	,		-	• •					
 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 their possession for at least 60 days before the application date: Yes No 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 The patient is safe to operate a motor vehicle during nighttime hours while using a telescopic lens arrangement: Yes No (Only applicable to drivers who meet the standards to be granted nighttime privileges as per Title 92, Section 1030.75 of the Illinois Administrative Code.) 		_	Temporal +	Nasal	=	Iotal			
 possession for at least 60 days before the application date: Yes No Date applicant received telescopic lens arrangement:	n your professional opinion, is there any indication			e of					
 Power of telescopic lens arrangement: (Telescopic lens(es) may not exceed 3X wide angle or 2.2X standard) Power reading:			ement and has had this a	rrangement ir	n their				
 Power reading: □ Wide □ Standard The patient is safe to operate a motor vehicle during nighttime hours while using a telescopic lens arrangement: □ Yes □ No (Only applicable to drivers who meet the standards to be granted nighttime privileges as per Title 92, Section 1030.75 of the Illinois Administrative Code.) 	Date applicant received telescopic lens arrangement:								
• The patient is safe to operate a motor vehicle during nighttime hours while using a telescopic lens arrangement: (Only applicable to drivers who meet the standards to be granted nighttime privileges as per Title 92, Section 1030.75 of the Illinois Administrative Code.)		•	angle or 2.2X standard)					
(Only applicable to drivers who meet the standards to be granted nighttime privileges as per Title 92, Section 1030.75 of the Illinois Administrative Code.)	Power reading.	l							
	5				Na				
	The patient is safe to operate a motor vehicle during nighttime	0				trativo Cada)			

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, they are 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 they have a practical experience of motion while objects are changing
 position.