



## Georgia Department of Driver Services

### Vision Form

#### **Commercial License Holder -Online Renewal Only**

Please include a copy of your eye examination results from the Optometrist or Ophthalmologist

**Instructions:** Complete the "Driver/Patient Section" below. After completing the "Driver/Patient Section," have your optometrist/ ophthalmologist complete and sign the "Optometrist/Ophthalmologist Section." Once the form is complete, log into your online account and upload the document.

Driver/Patient Section		
Last Name:	First Name:	Middle Initial
Mailing Address:	City/ State:	ZIP Code:
Customer's Driver License Number (DL#):	Date of Birth:	
I hereby authorize my Optometrist/Ophthalmologist to complete and sign this form to provide information about my visual acuity to the Georgia Department of Driver Services (DDS). relating to the date and result of an eye examination, for the purpose of renewing or obtaining my Georgia Driver's license.		
Signature of Driver/ Patient		Date:
To operate a commercial motor vehicle (CMV), the Federal Motor Carrier Safety Administration(FMCSA) requires that drivers meet the specific vision standards listed below: <ul style="list-style-type: none"><li>• a distant visual acuity of at least 20/40 in each eye (with or without corrective lenses),</li><li>• a field of vision of at least 70 degrees in each eye, and</li><li>• the ability to recognize the colors of traffic signals (red, green, and amber)</li></ul>		
Optometrist/Ophthalmologist Section		
<b>Based on your examination and FMCSA requirements, please select an option below:</b>		
Patient meets vision requirements to safely operate a motor vehicle without restriction.		
Patient meets vision requirements, but the following restrictions should be imposed for safety: B- Corrective lenses are required for driving. 1- Bioptic lenses		
Patient does not have sufficient vision to safely operate a motor vehicle. Please provide reason(s):		
Full Name (Please Print)	Medical License Number and State:	
Mailing Address:	City/State/Zip Code:	Phone Number:
Signature of Optometrist/Ophthalmologist:	Date of Exam:	