



Georgia Department of Driver Services

Vision Form

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, mail or fax the form to Georgia Department of Driver Services/ Medical Review Unit, P.O. Box 80447, Conyers, Ga 30013 (Fax number 770-344-3629). If 64 or older and renewing online, please upload the completed form using your DDS Account via our website at dds.drives.ga.gov. (The form should not be used for Commercial Motor Vehicle Drivers).

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:
Optometrist/Ophthalmologist Section		
Full Name (Please Print)	Medical License Number and State	
Mailing Address:	City/State:	ZIP Code:
Pursuant to Georgia Law (O.C.G.A. § 40-5-27). A driver must meet the following vision requirements to be issued a license: <ul style="list-style-type: none">• Acuity of 20/60 or better, corrected, or uncorrected in at least one eye• Visual Horizontal field of vision with both eyes open of at least 140 degrees• If only one eye has usable vision, the horizontal field of vision must be at least 70 degrees temporally and 50 degrees nasally.		
Please make selection below based on your examination and DDS requirements: <p>Patient meets vision requirements to safely operate a motor vehicle.</p> <p>Patient meets vision requirements, but the following restrictions should be imposed for safety:</p> <ul style="list-style-type: none">B- Corrective lenses are required for driving.R- No ExpresswaysG- Daylight Hours only (If difficulty seeing in dim light or at night)1- Bioptic lenses <p>Patient does not have sufficient vision to safely operate a motor vehicle.</p> <p>Please provide reason(s):</p>		
Signature of Optometrist/Ophthalmologist:		Date of Examine: