MATURE DRIVER VISION TEST

I hereby authorize (PRINT DOCTOR'S FULL NAME) to give me this vision examination and to submit this report to the Division of Driver Licenses.				
Patient's Signature	Driver License Number			
Patient's Address, Street and Number	City/State-Zip			
	HORIZED TO PRACTICE UNDER CHAPTER 458, 459 OR 463, THAT I HAVE PERSONALLY EXAMINED THE EYES OF			
Patient's Name	Date of Birth			
AND THAT A TRUE RECORD OF THE THAT SAID PATIENT SIGNED ABOVE	IS EXAMINATION APPEARS ON THE FORM BELOW, AND 'E IN MY PRESENCE.			
Physician's License #	Signature of Physician			
Date of Exam	Business Address			
Date of this <u>form not valid</u> after (1) year from date of examination.	Telephone			

NOTE: HSMV 72010 (Report of Eye Exam) must be completed by an eye specialist if:

- 1) patient's visual acuity is 20/50 or worse in either eye, **OR**
- 2) there is any indication of eye disease or injury that would affect patient's driving ability. This form is available at www.hsmv.state.fl.us.

DISTANT VISION ONLY	RIGHT EYE	LEFT EYE	BOTH EYES
VISION UNCORRECTED	20/	20/	20/
VISION WITH BEST CORRECTION	20/	20/	20/

This form may also be completed and transmitted to the department electronically, by logging onto www.hsmv.state.fl.us/Vision.

FLORIDA MINIMUM VISUAL STANDARDS FOR LICENSING

All drivers are required to have the best possible vision

20/50 or worse in either eye with or without corrective lenses are referred to an eye specialist for possible improvement.

130 degrees is the minimum acceptable field of vision.

The use of telescopic lenses to meet visual standards is not recognized in Florida.

HSMV 72119 (rev 04/05)S