



**State of Maine
Bureau of Motor Vehicles**

EYE EXAMINATION FORM

THIS SECTION TO BE COMPLETED BY DRIVER (please print)

Name _____ Date of Birth _____
 Address _____ Driver's License Number _____
 _____ Telephone _____

TO BE COMPLETED BY LICENSED VISION EXAMINER

Complete form based on your examination of this patient AND according to Functional Ability Profile rules (FAP). For questions, call 207-624-9000, ext. 52124. Rules may be accessed at <http://www.maine.gov/sos/bmv/licenses/medical.html>.

VISUAL ACUITY	Without Correction	With Correction
Right eye	20/_____	20/_____
Left eye	20/_____	20/_____

Telescopic or bioptic lenses may not be used when testing visual acuity.

CONTINUOUS VISUAL FIELD

Total Degrees _____

Field expansion devices are not permitted when testing visual fields. Refer to the Functional Ability Profile rules for instructions on visual field testing. If visual field is less than 110° total or if there is a visual field loss following stroke or brain injury, refer to FAP.

OTHER (Please check any of the following that apply)

- ____ Patient has a significant visual field defect (please specify) _____
- ____ Exceptional Case review requested
- ____ Patient uses bioptic telescopic lenses for driving
- ____ Patient has possible progressive visual condition (please specify) _____
- ____ Reexamine in: __6 months __1 year __2 years __4 years __Other _____

RESTRICTIONS – Will be applied to a license in the following circumstances

Corrective lenses – If corrective lenses are needed to achieve 20/50 - 20/100 in the better seeing eye.

Daylight only driving – When best visual acuity with or without correction is 20/50 to 20/100.

Corrective measures when recommended by clinician for diplopia or other visual conditions.

OTHER COMMENTS OR RECOMMENDATIONS

VISION EXAMINER NAME _____

DATE OF EXAM _____

(Must be within past 12 months)

Address _____

Email _____

Telephone _____

Fax _____

Signature _____

Date _____

IMPORTANT EYE EXAMINATION INFORMATION

Maine law requires that individuals have their eyes tested when applying for a license, at certain renewal times and/or when required because of certain eye conditions. The date of exam on this form must not be more than one year prior to the receipt by BMV. 29-A MRSA §1258 and §1303

FOR DRIVER'S LICENSE EXAMINATION APPLICANTS

A vision test is required prior to taking your driver's license examination. You may take a vision test at no fee when you appear for your driver's examination. Alternatively, you may have a doctor of your choice provide the exam at your expense. The doctor who conducts the examination must complete the reverse side of this form. You will need to give the completed form to the driver's license examiner at the time of your driver's examination.

FOR INDIVIDUALS RENEWING A DRIVER'S LICENSE

A vision screening is required for individuals renewing their license at the first license renewal after attaining age 40 and at every 2nd renewal after that. A vision screening is required at every license renewal after attaining age 62. It is not required that you visit an eye doctor.

Vision testing can be completed at any branch office location at no cost to you. This exam will be completed at the time of renewal, and the results will be recorded on your renewal form.

Alternatively, you may have a doctor of your choice provide the eye exam at your own expense. The doctor who conducts the exam must complete the reverse side of this form. You will need to bring the completed form with you when you come in to renew your license. The doctor's exam may not be completed more than a year prior to your license renewal date.

FOR INDIVIDUALS WITH CERTAIN EYE CONDITIONS

An Eye Examination Form may be required of individuals with certain vision conditions. When required to submit an eye examination form, you may have the doctor of your choice provide the exam at your own expense. The doctor who conducts the exam must complete the reverse side of this form.

Please return completed form to: Bureau of Motor Vehicles, Medical Section
29 State House Station, Augusta, ME 04333-0029
E-mail: medical.bmv@maine.gov
Fax: (207) 624-9319
Questions or concerns, call: (207) 624-9000, ext. 52124
Website: <https://www.maine.gov/sos/bmv/licenses/medical.html>

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I hereby authorize the release of my medical history by _____ to the Bureau of Motor Vehicles. I understand that this information may be shared with any qualified health care professional submitting information pertaining to the disclosed medical history for the purpose of determining my eligibility for a driver's license.

SIGNATURE _____ **DATE** _____

EMAIL _____ **PHONE NUMBER** _____

Veterans please visit the Bureau of Veterans' Services website at <http://www.maine.gov/veterans/> for information on state and federal benefits your military service may have earned you.
