REGISTRY OF MOTOR VEHICLES

CDL Vision Screening Certificate

Applicants for class A, B, or C learner's permits or licenses may use this form. This form must be completed by an ophthalmologist or by an optometrist who is licensed to practice in the Commonwealth of Massachusetts.

Minimum required visual standards for CDL as described by Federal Motor Carrier Safety Administration

49 CFR §391.41 Physical qualifications for drivers

"Has distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70º in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber;" **Monocular drivers are not qualified.**

A. Applicant Information

Last Name	First Name	Middle Name	Suffix

Massachusetts Driver's License #	Phone #
	– –

I hereby authorize the ophthalmologist or optometrist completing this form to discuss its content with representatives of the Registry of Motor Vehicles.

Signature: _____ Date:_____

B. Vision Screening Data

1. **Visual Acuity (Snellen)**	**Without RX**	**With RX**
Right Eye (OD)	20/___	20/___
Left Eye (OS)	20/___	20/___
Both Eyes (OU)	20/___	20/___

Do NOT use qualifiers such as + or – symbols, or the counting fingers ("CF") designation to indicate visual acuity.

2. **Total Horizontal Visual Field** – Both Eyes Combined: _____ (Record in Degrees).
   **Suggested Target size to be used: 10mm

3. Are glasses and/or contact lenses needed for driving? ..... ☐ Yes ☐ No
   If yes, Question #1 should indicate visual acuity "With RX"

4. Is the applicant's vision characterized by Unresolved Diplopia?..... ☐ Yes ☐ No
   NOTE: To obtain a license, "No" must be checked in Question # 4.

5. Can the applicant distinguish red, green, and amber colors? ..... ☐ Yes ☐ No
   NOTE: To obtain a license, "Yes" must be checked in Question # 5.

Listed below are the conditions, treatment, or medication plan which the applicant must follow in order to maintain the validity of my professional opinion:

_____

_____

A license is valid for five (5) years. Do you think that the applicant should be re-evaluated by the Registry during that time period? ..... ☐ Yes ☐ No

If "YES," please complete:

"I recommend a re-evaluation on _____ (month/year) due to _____ (condition/ disease)

and _____ (other factors/comments)."

Turn over to complete reverse side

C. Vision Screening Analysis

Provided said applicant follows the conditions and treatment prescribed on this certificate, in my professional opinion the operator meets the minimum visual standards required by the Federal Motor Carrier Safety Administration (described above) and therefore is visually qualified to safely operate commercial vehicles.

Yes	No
☐	☐

I, the undersigned ophthalmologist or optometrist, agree to keep a copy of this Vision Screening Certificate in my office for a one-year period following the date of the screening. **I hereby certify that the information provided herein is true, accurate, and complete.**

Ophthalmologist or Optometrist Name	Massachusetts Registration #

Date of Screening (MM/DD/YYYY)	Office Phone #	Check One
	– –	☐ M.D. ☐ O.D.

Ophthalmologist or Optometrist Signature: _____ Date: _____

NOTE: The Registry will not accept this certificate after twelve months from date of screening.
A photocopy of the certificate will not be accepted. Only a certificate with original writing will be accepted.

Please be advised that Massachusetts may waive the federal visual standards for INTRASTATE commerce if the individual has a combined horizontal peripheral field of vision of not less than 120 degrees; provided the individual also has a distant visual acuity of at least 20/40 (Snellen) in **either** eye, with or without corrective lenses, and the ability to distinguish the colors red, green, and amber. The federal government also has a vision exemption program for INTERSTATE driving. To learn more about the federal program, visit their website at http://www.fmcsa.dot.gov/rules-regulations/topics/medical/exemptions.htm

To Be Completed by RMV Personnel Only

Reviewed at: _____ Office On: _____ By: _____