



Minimum Vision Requirements

1. Color identification or the ability to identify the distinctive traffic control colors
 - a. Able to distinguish between red, amber, and green in any traffic signal application
2. Depth perception or the ability to judge distances
 - a. Able to answer without hesitation questions concerning the relative positions or signs or other objects in illustration
3. Peripheral vision or the horizontal visual field
 - a. Able to see a field of at least 140° of horizontal vision or a total field of 70°, if only one eye has vision.
4. Monocular visual acuity (Applicant is able to see with only one eye)
 - a. Without corrective lenses
 - i. At least 20/40 vision
 - ii. Restriction: Outside mirror must be installed on the vehicle which the person operates on the side corresponding to the eye with no vision which provides a clear view to the side and rear of the vehicle
 - b. With corrective lenses
 - i. At least 20/40 vision
 - ii. Restriction: Outside mirror must be installed on the vehicle which the person operates on the side corresponding to the eye with no vision which provides a clear view to the side and rear of the vehicle, and corrective lenses must be worn while driving
5. Coordinate use of both eyes in binocular vision (Applicant able to see with both eyes)
 - a. Without corrective lenses
 - i. At least 20/40 vision in each eye
 1. Restriction: None
 - ii. At least 20/40 vision in one eye, but less than 20/40 vision in the other eye
 1. Restriction: Outside rear view mirror must be installed on the vehicle which the person operates on the side corresponding to his/her weaker vision, which provides a clear view to the side and rear of the vehicle
 - b. With corrective lenses
 - i. At least 20/40 vision in each eye
 1. Restriction: Corrective lens must be worn while driving
 - ii. At least 20/40 vision in one eye, but less than 20/40 vision in the other eye
 1. Restriction: Corrective lenses must be worn while driving and an outside mirror must be installed on the vehicle which the person operates on the side corresponding to his/her weaker vision, which provides a clear view to the side and rear of the vehicle.



Dipåtamenton Kontribusion yan Adu'ana
 DEPARTMENT OF
REVENUE AND TAXATION
 GOVERNMENT OF GUAM Gubetnamenton Guahan

Eddie Baza Calvo, Governor Maga'lahi
 Ray Tenorio, Lt. Governor Tifiente Gubetnadot

John P. Camacho, Director
 Direktot
 Marie Benito, Deputy Director
 Segundo Direktot

Driver's Vision Screening	Department of Revenue and Taxation Driver's License Examination Branch		Date:
Name	(Last)	(First)	(Middle)
Mailing Address			
Date of Birth:		Guam Driver's License Number:	

In accordance with the Rules and Regulations of the Office of the Highway Safety Coordinator, the above named applicant is being required to consult an eye specialist for a visual evaluation relating to the issuance of a driver's license.

Visual Acuity Without Corrective Lenses			Visual Acuity With Corrective Lenses		
Right Eye	20/		Right Eye	20/	
Left Eye	20/		Left Eye	20/	
Both Eyes	20/		Both Eyes	20/	
Perimeter			Perimeter		
Depth Perception			Depth Perception		

Examiner:

REPORT OF VISION SPECIALIST

Without Corrective Lenses			With Corrective Lenses (If any)			Best Possible Correction		
Right Eye	20/		Right Eye	20/		Right Eye	20/	
Left Eye	20/		Left Eye	20/		Left Eye	20/	
Both Eyes	20/		Both Eyes	20/		Both Eyes	20/	

Yes No

The applicant passes the State minimum visual requirements to operate a motor vehicle without any visual restriction?		
Applicant has been issued new glasses/contacts?*		

*If no, the applicant is restricted to driving:

- With glasses With Outside Mirror Only during daytime Other**

**Please specify: _____

Eye Specialist Certification

I, _____, am licensed to practice _____ in _____ (State). I certify that I have personally examined the eyes of the above named, that a true record of this examination appears above and that he/she signed below in my presence.

Signature of Eye Specialist _____ Date: _____
 Business Address _____ Phone No. _____

Applicant's Release

I hereby authorize the doctor, whose signature appears above, to release his findings to the Driver's License Branch for the sole purpose of making a final determination on my application for a driver's license. I also understand that if corrective lenses are required, I will be unable to secure my driver's license until I have received my corrective lenses.

Signature of Applicant _____ Date _____