

REPORT OF VISION SPECIALIST

WITHOUT GLASSES	WITH PRESENT GLASSES (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/ _____

The applicant passes the State minimum visual requirements to operate a motor vehicle without any visual restriction.

Yes _____ No _____

Applicant issued new Glasses/Contacts? Yes _____ No _____

If no, the applicant is restricted to driving:

With Glasses _____ With Outside Mirror _____ Only during daytime _____

Other _____ Please specify _____

Does the applicant have any apparent abnormal progressive eye malfunction?

Yes _____ No _____

If yes, the applicant is required to have his vision re-tested in 12 months.

Additional findings or recommendations: _____

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 _____ 19 _____

Business
Address _____ Telephone _____

APPLICANT'S RELEASE

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

Signature of Applicant _____ Date _____

GUAM MINIMUM VISION REQUIREMENTS

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

DRIVERS
VISION
SCREENING

DEPT. OF REVENUE & TAXATION
DRIVER'S LICENSE
EXAMINING BRANCH

DATE

FULL NAME _____ LAST _____ FIRST _____ MIDDLE _____

ADDRESS _____ DATE OF BIRTH _____

CITY _____ LICENSE NUMBER _____

Dear Doctor:

In accordance with the Rules and Regulations of the Office of the Highway Safety Coordinator, the above named applicant is being required to consult you for a visual evaluation relating to the issuance of a drivers license. This applicant has been screened by this Department and has failed to meet our visual requirements.

VISUAL ACUITY WITHOUT GLASSES

Right Eye 20/ _____
 Left Eye 20/ _____
 Both Eyes 20/ _____
 Perimeter _____
 Depth Perception _____

VISUAL ACUITY WITH GLASSES

Right Eye 20/ _____
 Left Eye 20/ _____
 Both Eyes 20/ _____
 Perimeter _____
 Depth Perception _____

Examiner _____

This form must be signed in the appropriate blanks by both the applicant and the examining doctor. We sincerely appreciate your assistance in this case as our interest is solely in the safety and well-being of the applicant and other citizens allowed to use our highways.