VISION FORM TO:

PLEASE RETURN COMPLETED STATE OF KANSAS DIRECTOR OF VEHICLES MEDICAL/VISION UNIT 300 SW 29th STREET PO BOX 2188 **TOPEKA KS 66611**

Telephone: (785) 368-8971 FAX: (785) 296-5857

NAME: _____

KANSAS DIVISION OF VEHICLES VISION FORM

GENERAL INFORMATION & HISTORY – TO BE FILLED OUT BY THE PATIENT

_____ DRIVER LICENSE #:_____ DOB: _____

RESS: CITY/STATE/ZIP:			
PHONE #:			
Currently enrolled in Driver's Education? YES / NO If yes, i	instructor name & phone nu	mber:	
REL	EASE OF INFORMATIO	ON .	
Permission is granted for release of all vision information conc this form.			essionals filling out
SIGNATURE OF PATIENT		DATE	
To the Vision Professionals: You assume no responsibility in your professional judgment. The information on this form m			acts as they appear in
Instructions:			
 Please answer each question and fill out the entire fo Indicate yes or no whether from a visual standpoint of Specify any driving restrictions that are appropriate to 	only, this patient is capable		
If you have any questions please call (785)368-8971.			
SEC	CTION I: VISION REPOR	<u>T</u>	
Visual Acuity without Glasses Visual Acuity with Glasses Visual Acuity with Glasses Best Correction Bioptic/Telescopic (for vision specialist use only) Acuity Right 20/	t Eye Acuity Left Eye 20 20 20 20	Horizontal Field of Equal to or greate	
Does this patient require a drive test? This patient is capable of safely operating a motor (Driver must be considered a safe candidate in or request a drive test.) An annual vision report should be required. Does this patient require a medical exam?		No No No No	
Indicate below which restrictions may apply to the p.	eatient's license if issued or	continued: Maximum 6 restrictions.	
☐ Corrective Lenses ☐ Within City Limits ☐ Mechanical Aid ☐ Daylight Hours Only ☐ Licensed Driver in Fro	ont Seat	ate Driving Outside Transmission Outside Miles From Home (5-30 in 5 mile inc.	
Name of Optometrist/Ophthalmologist (Please print)	Date of Ex	xamination	
Address	Signature	Signature of Optometrist/Ophthalmologist	
Phone	Date Sign	Date Signed	

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