EYE CARE PROFESSIONAL'S MEDICAL REPORT

P-142OP REV. 6-2024

STATE OF CONNECTICUT DEPARTMENT OF MOTOR VEHICLES

60 STATE STREET, WETHERSFIELD, CT 06161-1013

DRIVER SERVICES DIVISION

Email: dmv.suspension@ct.gov Phone: (860)263-5723

Department of Rehabilitation Services/
Driver Training Program Referral

This patient has been referred to the DMV concerning his or her ability to safely operate a motor vehicle

INSTRUCTIONS

- Patient: Complete section (A).
- Eye care professional (licensed physician, optometrist, ophthalmologist): complete sections (B), (C) and (D) based on the results of a personal examination conducted within 90 days of the completion of this report. Attach other information as necessary, including any technical reports or test results. See page 2 for vision standards.

Submission of this report to the DMV is authorized pursuant to Section 14-46 of the Connecticut General Statutes and no civil action may be brought against any person who, in good faith, provides a report. Based upon all available information, DMV will make a final decision concerning the patient's ability to hold an operator's license.

an operator's license.								
Section (A): Patient Inf	ormation							
NAME (Last, First, Middle)			DATE OF BIRTH	DATE OF BIRTH		OPERATOR'S LICENSE NUMBER		
MAILING ADDRESS (Street)	(Cit.)	(Ctota)	/Zin Codo	FMAIL AF	DDEE			PATIENT PHONE NUMBER
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)	EMAIL AD	DUKESS	KESS		PATIENT PHONE NUMBER
I hereby authorize and accept may submit copies of my med					e my fi	tness to oper	rate a moto	r vehicle safely and
SIGNATURE OF DRIVER/PATIENT X						DATE		
Section (B): Eye-Care	Specific Informa	tion						
If t	telescopic lense	s are required for d	riving please	comple	ete tl	ne form P-	142B.	
	Visual Acuity (SC)	RE:	LE:	LE: OU:				
	Snellen (CC)	RE:	LE:	(OU:			
Are corrective lenses required for driving?								
If best corrected vision is 20	/70 or worse, indica	te cause:						
Does this patient have any b	olind spots? YE	S NO If yes, atta	ch visual field te	st results	5.			
If both eyes are present, sta	te uninterrupted bin	ocular peripheral visual	field in the horiz	zontal me	ridian	:	•	
If only one eye is present, st	ate uninterrupted m	onocular peripheral visu	ual field in the ho	orizontal ı	merid	ian:		•
Does this patient have hemi-	anopsia? TYES	□ NO						
Is this patient color blind? (I	Red, green, amber)	YES NO						
Are there other conditions the	hat should be evalua	ated by another medical	examiner?	YES [NC)		
If yes, please explain:								
Section (C): Clinical In	formation and S	Safety Implications						
EXAMINATION DATE	Are you the regular eye care professional for this patient? YES NO							
PLEASE INDICATE ANY PR	ESENT EYE CONDIT	TION(S) THAT AFFECT T	HIS PATIENT'S	ABILITY 1	ΓO DR	IVE SAFELY		
The person named above is	NOT medically qua	lified to operate a motor	vehicle.					
Do you believe this person		•		e driving	ahility	,₂ ☐ YES	NO	
DMV may require periodic re								natient's condition
should periodic reports be	submitted to DMV?	YES NO	o iii a pationi o a	ionity to a		arciy. Consid	acing time	patient o condition,
If yes, for which condition(s) should the patient	provide a report:						
How often should a report b	e filed? Every _	montl	ns for		_ yea	r(s).		
Section D: Medical Exa	aminer's Certific	ation		·				
I certify that I have personally false statement in accordance correct.								
MEDICAL EXAMINER'S NAME	M X	EDICAL EXAMINER'S SIGNATUR	RE L	ICENSE NUI	MBER		SPECIALTY	
TELEPHONE NUMBER			DATE					

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Health Standards for Licensing Decisions for Operators of Motor Vehicles Vision Standards

Minimum Physical Standards for Operators of Public Service Motor Vehicles and Service Buses Sec. 14-44-1. Minimum physical standards

- (a) No person shall be issued a license for the operation of a public service motor vehicle or service bus pursuant to section 14-44 of the General Statutes or have such license renewed unless he first submits evidence on a form prescribed by the commissioner that he has successfully completed a physical examination given by a licensed doctor of medicine or osteopathy except that an optometrist may perform that portion of the medical examination which pertains to visual acuity, field of vision and the ability to recognize colors.
- (b) A person shall be deemed to have successfully passed the physical examination required in subsection (a) of this regulation if the person.
- (10) 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 70° in the horizontal meridian in each.

Sec. 14-45a-1. Vision requirements

- (a) An unlimited operator's license shall be issued or retained if the applicant or license holder meets the following visual standards:
- (1) A minimum visual acuity of 20/40 (Snellen) or equivalent in both eyes or in the better eye with or without corrective lenses:
- (2) An uninterrupted binocular visual field of at least 140° in the horizontal meridian, or a monocular field of at least 100° in the horizontal meridian; and
- (3) No evidence of any other visual condition(s) which either alone or in combination will significantly impair driving ability.
- (b) A person who has a best corrected visual acuity of worse than 20/40 but at least 20/70 in the better eye, an uninterrupted visual field of not less than 100° in the horizontal meridian, and no other visual condition(s) which alone or in combination will significantly impair driving ability, may be issued an operator's license with vehicle operation limited to daylight only or as otherwise determined by the commission in accordance with the provisions of section 14-36-4 of the Regulations of Connecticut State Agencies.
- (c) The commissioner may waive the provisions of subsection (a) or (b) of this section if the applicant or license holder has a visual acuity of no worse than 20/70 (Snellen) or equivalent in the better eye with or without corrective lenses, has an uninterrupted binocular visual field of at least 100° in the horizontal meridian, or a monocular field of at least 70° in the horizontal meridian, has no other visual condition(s) which either alone or in combination will significantly impair driving ability, and demonstrates to the commissioner that he or she is able to operate a motor vehicle safely. The person's driving history and accident record shall be considered. If not otherwise required, the commissioner may request that the person take an on-the-road driving test, and the results of such test shall be considered in determining whether a waiver will be granted.
- (d) A person who has a best corrected visual acuity better than 20/200 in the better eye, and has an uninterrupted visual field of at least 100° in the horizontal meridian, may be issued an operator's license containing such limitation(s) as the commissioner deems advisable after consideration of the person's vision, driving ability, driving needs and other relevant factors including the opinion of the person's physician, ophthalmologist, or optometrist. The person may be required to take an on-the-road driving test, and the opinion of the medical advisory board may be requested in accordance with Sections 14-45a-10 through 14-45a-17 of the Regulations of Connecticut State Agencies to determine whether a license shall be issued, and if so the limitation(s) that shall be imposed.
- (e) No operator's license shall be issued or retained by a person who has a best corrected visual acuity of 20/200 (Snellen) or worse in the better eye, or has an uninterrupted binocular visual field of less than 100° in the horizontal meridian, or an uninterrupted monocular visual field of less than 70° in the horizontal meridian, or who has any other visual condition(s) which alone or in combination will significantly impair driving ability. (Effective April 30, 1993)

Sec. 14-45a-4. Use of telescopic aids

The Commissioner of Motor Vehicles shall issue a motor vehicle operator's license to a person who wears eyeglasses with bioptic lenses, provided such person otherwise meets the vision standards specified in the regulations adopted pursuant to subsection (a) of this section and the requirements for such license.

See Bioptic Eye Care Form P-142B.