

LOUISIANA DEPARTMENT OF PUBLIC SAFETY
Office of Motor Vehicles

Bioptic Telescopic Lens Vision Examination

Authority for this requirement is based on laws of the State of Louisiana, relating to the issuance of the driver's licenses.

INSTRUCTIONS TO APPLICANT

- This form must be completed by the Optometrist or Ophthalmologist prescribing the bioptic telescopic lens.
- This form must be completed based on an examination performed within 60 days.
- Failure to complete and return the form to the Office of Motor Vehicles within 90 days may result in the suspension or denial of driving privileges.
- After this form is reviewed by the Office of Motor Vehicles, a final decision will be determined as to the eligibility of issuance of driver's license.
- The applicant only qualifies for a class E license. Applicant is not eligible for a commercial driver license (CDL) or a motorcycle endorsement.
- **The following statement must be read and signed:** I hereby authorize the examining physician whose signature appears below to release all information and findings contained herein to the Louisiana Department of Public Safety and Corrections. The Louisiana Department of Public Safety and Corrections can release this information to such individuals or groups as may be considered necessary and appropriate to determine my ability to safely operate a motor vehicle.

Signature of Patient: _____

Date: _____

THIS SECTION IS TO BE COMPLETED BY THE OFFICE OF MOTOR VEHICLES

APPLICANT'S NAME _____ DOB _____ R/S _____ DL# _____
ADDRESS _____ CITY _____
DATE ISSUED _____ MVCA'S INITIALS _____ BADGE # _____ OFFICE# _____

EXAMINATION RESULTS FROM THE SNELLEN WALL CHART

WITH CARRIER LENSES:

Right Eye 20/ _____
Left Eye 20/ _____
Both Eyes 20/ _____

WITH BIOPTIC TELESCOPIC LENS:

Right Eye 20/ _____
Left Eye 20/ _____
Both Eyes 20/ _____

APPLICANT FAILED TO COMPLY WITHIN 90 DAYS

THIS SECTION IS TO BE COMPLETED BY OPTOMETRIST OR OPHTHALMOLOGIST

INSTRUCTIONS

- The applicant must demonstrate a visual acuity of at least 20/200 in one or both eyes and a field of 110 degrees horizontal vision without or with corrective carrier lenses. If he has vision in only one eye, he must have a field of at least 40 degrees temporal and 30 degrees nasal horizontal vision.
- The applicant must demonstrate a visual acuity of at least 20/60 in one or both eyes with the bioptic telescopic lenses and without the use of field expanders.
- The Optometrist or Ophthalmologist must certify that no ocular diagnosis or prognosis currently exists or is likely to occur during the period of issuance of the license which would cause deterioration of visual acuity or visual field to levels below the minimum standards.
- This form must be completed in its entirety by an optometrist or ophthalmologist based on an examination performed within 60 days.
- Incomplete forms may be rejected and could result in the denial of applicants driving privileges.
- Clip on or hand-held telescopic lens are not acceptable.

PATIENT'S NAME _____ DOB _____

EXAMINATION DATE _____ (must be within 60 days) Initial Evaluation Re-evaluation

WITH CARRIER LENSES:

Right Eye 20/ _____
Left Eye 20/ _____
Both Eyes 20/ _____

WITH BIOPTIC TELESCOPIC LENS:

Right Eye 20/ _____
Left Eye 20/ _____
Both Eyes 20/ _____

PERIPHERAL VISION FIELDS: Left _____ Right _____
Temporal Nasal Temporal Nasal

PATIENT'S NAME _____ DOB _____

1. Does the patient meet or exceed the minimum acceptable horizontal, binocular field of vision requirements. Yes No

NOTE: Field expanders are not allowed to achieve vision requirements.

2. Can applicant recognize and distinguish among traffic control signals and devices showing standard red, green and amber colors. Yes No

3. What medical conditions caused the present loss of the patient's visual acuity?
- _____
- _____

4. Does the patient have any progressive diseases of the eye?

Cataracts Yes No

Diabetic Retinopathy Yes No

Glaucoma Yes No

Macular Degeneration Yes No

Retinitis Pigmentosa Yes No

Other Yes No If so, please describe. _____

4. How long has this patient been under your care? _____

1. What is the date of the most recent visual examination? _____

2. On what date did patient receive telescopic lens? _____

3. Did patient complete the prescribed training exercises for the use of the bioptic telescopic lens? Yes No

4. In your opinion, should the patient be restricted to "Daylight Driving Only"? Yes No

5. Can you certify that that no ocular diagnosis or prognosis currently exists or is likely to occur during the period of issuance of the license which would cause deterioration of visual acuity or visual field to levels below the minimum standards. Yes No

6. Patient should be re-evaluated every : 6 months Yearly

7. If license issued, what restrictions would be recommended.

5 mile radius of home 10 mile radius 15 mile radius 20 mile radius 25 mile radius

No interstate highway light traffic only

Other special restrictions please explain:

- 12 In your opinion, would the patient's condition interfere with the safe operation of a motor vehicle? Yes No

If "yes", please explain in the space provided or attach an explanation on your letterhead.

In accordance with the provisions of R.S. 40:1356, a health care provider is **exempt from any liability** as a result of reporting to the Department of Public Safety and Corrections any visual ability, physical condition, impairment or disability which may impair a person's ability to exercise ordinary and reasonable control in the operation of a motor vehicle. This form must be completed in its entirety by an optometrist or ophthalmologist.

Physician's Signature _____ Date _____

Physician's Printed Name _____ Telephone # (____) _____

Physician's Address _____