

Affix Microfilm Sticker Here

This information is being collected for the purposes of motor vehicle records in accordance with the *Traffic Safety Act*, administered by Alberta Transportation. Questions about the collection of this information can be directed to Alberta Transportation, Driver Fitness and Monitoring, Main Floor, Twin Atria Building, 4999 - 98 Avenue, Edmonton, Alberta T6B 2X3, 780-427-8230.

The basic vision test given shows that your vision may not meet the required standard, and further testing is necessary. Please present this form to an optometrist or ophthalmologist of your choice. (Alberta Transportation will not refer clients to any particular vision specialist). Following the examination, send the completed form to Alberta Transportation, Driver Fitness and Monitoring, Main Floor, Twin Atria Building, 4999 - 98 Avenue, Edmonton AB T6B 2X3 or via Fax: 780-422-6612.

Client Information and Authorization

Name of Client (<i>Last, First, Second</i>)			Date of Birth (<i>yyyy-mm-dd</i>)
Address			
City / Town	Province	Postal Code	Driver's Licence Number

I authorize a vision specialist to report their findings to Alberta Transportation, Driver Fitness and Monitoring.

Date (*yyyy-mm-dd*)

Signature of Client

Certificate of Examination

The person named above has taken the basic vision test and may not meet the standard required to retain an Alberta Operator's Licence. Further vision testing is therefore required. Please complete this form and return it to the client.

I, _____, being licensed to practise _____ in the Province of Alberta, have examined the person named above and find the following:

ACUITY RATING

Without Glasses	With Present Glasses	With Best Possible Correction
Right Eye 6/	Right Eye 6/	Right Eye 6/
Left Eye 6/	Left Eye 6/	Left Eye 6/
Both Eyes 6/	Both Eyes 6/	Both Eyes 6/

PERIPHERAL VISION

Each Eye Separately	Both Eyes Open, Examined Together
Class 1, 2, 3, 4	Class 5, 6
Right Eye °	Both Eyes °
Left Eye °	

This vision report must include formal visual field testing results. Full Field 120 Point Screening Test. Please have the results, along with this form, submitted to Driver Fitness and Monitoring.

Are corrective glasses recommended for driving purposes? Yes No

Is there evidence of eye disease or injury? (*please explain*)

Does the patient meet the vision standards for driving in the class of driver's licence they wish to hold as per the

CCMTA Visions Standards (Chapter 22: Vision Impairment)? Yes No

If not, have they had time to compensate for their loss? Yes No

Do you support their continued operation of a Motor Vehicle? Yes No

Date of Examination _____ Signature of Examiner _____ Telephone Number _____

Address _____ City / Town _____ Province _____ Postal Code _____

For DFM use only



3156201603