VISION SPECIALIST'S STATEMENT OF EXAMINATION

AUTHORITY: MCL 480.13; **COMPLIANCE:** Voluntary; however, failure to complete this form will result in a denial of the applicant's medical waiver application.

Instructions for Driver/Applicant

Please have the treating vision specialist complete this statement. It is your responsibility to return the completed form to the address below.

Mail completed application and other required items to:

Michigan State Police
Commercial Vehicle Enforcement
Division Medical Waiver Unit
P.O. Box 30634
Lansing, Michigan 48909-0634

Release of Information (Application cannot be processed without signature)			
To be completed by Intrastate Medical Waiver applicant or applicant's representative. Please print.			
Applicant's Name (Last, First, Middle)		Date of Birth	Driver's License Number
Street Address			
City	State	ZIP Code	Daytime Phone Number
I hereby authorize and request that information regarding my medical condition be released to the Michigan State Police.			
Applicant's Signature		Date	

Instructions for Vision Specialist

The Michigan State Police (MSP) asks for assistance in determining the visual condition of the patient. Your professional opinion, the answers to these questions, and any other pertinent information will help the MSP assess the patient's ability to safely operate a commercial motor vehicle. Confidential information may be mailed directly to the MSP at the address shown above.

Please type or print your answers.

NOTE: The vision specialist must complete the Vision Specialist's Certification section on the last page.

Applicant's Name: _____ Application Date: _____

I. Visual Acuity

How long has the patient been under your care?	Was the patient examined on the date of application?	If no, provide date of most recent visual exam.
Years Months	☐ Yes ☐ No	

Visual Acuity (Complete all three examinations)	Without Lens	With Present Lens	With New Lens
Right Eye (OD)	20/ ☐	20/ ☐	20/ ☐
Left Eye (OS)	20/ ☐	20/ ☐	20/ ☐
Both Eyes (OU)	20/ ☐	20/ ☐	20/ ☐

Were new lenses prescribed?	If yes, please specify the date of delivery.
☐ Yes ☐ No	

II. Progressive Diseases

Does the patient have any progressive diseases of the eye?			If yes, please specify.		
Glaucoma	Yes ☐	No ☐	Right Eye ☐	Left Eye ☐	Both Eyes ☐
Diabetic Retinopathy	Yes ☐	No ☐	Right Eye ☐	Left Eye ☐	Both Eyes ☐
Cataracts	Yes ☐	No ☐	Right Eye ☐	Left Eye ☐	Both Eyes ☐
Macular Degeneration	Yes ☐	No ☐	Right Eye ☐	Left Eye ☐	Both Eyes ☐
Retinitis Pigmentosa	Yes ☐	No ☐	Right Eye ☐	Left Eye ☐	Both Eyes ☐
Other	Yes ☐	No ☐	Right Eye ☐	Left Eye ☐	Both Eyes ☐

If other, please describe.

Please specify other reasons for visual impairment.

III. Peripheral Vision

Peripheral Vision - Horizontal Fields in Degrees	Right Eye (OD)	Left Eye (OS)	Both Eyes (OU)
Less than 90 Degrees	☐	☐	☐
Less than 110 Degrees to and Including 90 Degrees	☐	☐	☐
Greater than 110 Degrees	☐	☐	☐

Method Used and Test Object Size

Tangent Screen	Perimeter

Do you suspect a visual field disability?
☐ Yes ☐ No

If yes, please describe how it affects the patient's ability to safely operate a commercial motor vehicle.

Applicant's Name: Application Date:

IV. Additional Comments and Requests for MSP Review

Does the patient recognize the colors of the traffic signal? ☐ Yes ☐ No

Do you recommend that the MSP require a periodic vision evaluation to monitor changes that may affect the patient's ability to safely operate a commercial motor vehicle?
☐ Yes ☐ No If yes, how often?

Do you recommend that the MSP request a statement of the patient's medical/physical condition that may affect his or her ability to safely operate a commercial motor vehicle?
☐ Yes ☐ No

If yes, please explain.

If you wish to make additional comments, please use the space provided below or additional sheets, if necessary.

V. Vision Specialist's Certification

I certify that the statements contained in this form are true to the best of my knowledge.

Doctor's Signature ☐ Optometrist ☐ Ophthalmologist	Date

Name (Print or Type)

Street Address	City	State	ZIP Code

Professional License Number	Phone Number