Florida Highway Patrol

REPORT OF EYE EXAMINATION

DATE OF EXAMINATION:

NAME

Social Security Number_____ **Age** _____**Sex** _____

PAST HISTORY:

Have you ever had your eyes examined in the past?	YES	NO
Have you ever had an eyesight deficiency brought to your attention?	YES	NO C
Do you now wear corrective lenses to aid your eyesight?	YES	NO
Have you ever received medical treatment for your eyes?	YES	NO

If YES, describe

Signature of Applicant

EXAMINATION

Minimum Corrected Vision of 20/30 in Each Eye

Wears Glasses or Contact Lenses: Near Only_____ Distant Only_____ Constant_____

1. **ACUITY**	UNAIDED	WITH CORRECTION
	Right 20/	Right 20/
DISTANT ACUITY:	Left 20/	Left 20/ _____
	Both 20/	Both 20/
	Right 201	Right 20/
NEAR ACUITY:	Left 20/ _____	Left 20/ _____
	Both 20/	Both 20/

2. COLOR PERCEPTION

Ishihara or Equivalent

3. FUSION

4. DEPTH PERCEPTION

PHORIA: Vertical_____
Lateral_____

5. E.O.M.

6. FIELD OF VISION

7. OPHTHALMOSCOPY

Physician's Remarks:
ACCEPTANCE RECOMMENDED? YES NO

Signature of Vision Specialist

INSTRUCTIONS FOR EXAMINING DOCTOR

1. **ACUITY:** Tested with standard, accurate, properly illuminated Snellen Chart or Projection Chart at 20' and 16'. Acuity, distance, and near vision in each eye must be correctable to at least 20/30. If unaided acuity is at least 20/30 in each eye, applicant will be encouraged (but not required) to obtain corrective lenses if vision can be improved.

2. **COLOR PERCEPTION:** Tested with Ishihara Charts or equivalent. Applicant must be trichromatic and readily able to discern red, green, and yellow. Failure to do so is disqualifying.

3. **FUSION:** Tested with Worth 4-dot. Diplopia or suppression is disqualifying.
   Applicant must have single, simultaneous, binocular vision.

4. **DEPTH PERCEPTION:** Tested with Howard-Dolman apparatus. N.B.: This is the only acceptable test for depth perception. Stereopsis testing is not a suitable substitute. Applicant must be tested at 20' and able to align pegs within ± 2 cm of each other.

5. **E.O.M.:** ESO or exophoria greater than 15 prism diopters and/or hyperphoria greater than 2 prism diopters is disqualifying. Strabismus of any degree is disqualifying, as is nystagmus.

6. **FIELD OF VISION:** Tested on any standard perimeter. Applicant must have uninterrupted horizontal binocular field of at least 1400. Any scotoma other than physiologic is disqualifying.

7. **OPTHALMOSCOPY:** Any degeneration of or active pathology of the retina,
   uveal tract, lens, or cornea that could adversely affect vision is disqualifying.