MATURE DRIVER VISION TEST
(This form is not valid after one year from date of examination.)

I hereby authorize (PRINT DOCTOR’S FULL NAME) ____________________________
to give me this vision examination and to submit this report to the Division of Motorist Services.

____________________________________      ______________________________________
Patient’s Signature                      Driver License Number

____________________________________       _______________________________________
Patient’s Address, Street, and Number      City/State-Zip

I AM A LICENSED PHYSICIAN AUTHORIZED TO PRACTICE UNDER CHAPTER 458, 459 OR
463, FLORIDA STATUTES, OR A LICENSED PHYSICIAN AT A FEDERALLY ESTABLISHED
VETERANS’ HOSPITAL AND CERTIFY THAT I HAVE PERSONALLY EXAMINED THE EYES
OF

____________________________________
Patient’s Name

_______________________________                _________________________
Patient’s Name                    Date of Birth

AND THAT A TRUE RECORD OF THIS EXAMINATION APPEARS ON THE FORM BELOW,
AND THAT SAID PATIENT SIGNED ABOVE IN MY PRESENCE.

Physician’s License #________________      Signature of Physician __________________

Date of Exam______________________       Business Address ____________________________

Telephone _____________________

NOTE: The Report of Eye Exam (HSMV 72010) must be used if: 1) the patient’s visual acuity is
20/50 or worse in either eye, OR 2) there is any indication of eye disease or injury that would
affect patient’s driving ability.

<table>
<thead>
<tr>
<th>DISTANT VISION ONLY</th>
<th>RIGHT EYE</th>
<th>LEFT EYE</th>
<th>BOTH EYES</th>
</tr>
</thead>
<tbody>
<tr>
<td>VISION UNCORRECTED</td>
<td>20/</td>
<td>20/</td>
<td>20/</td>
</tr>
<tr>
<td>VISION WITH BEST CORRECTION</td>
<td>20/</td>
<td>20/</td>
<td>20/</td>
</tr>
</tbody>
</table>

This form may also be completed and transmitted to the department electronically, by logging onto
www.flhsmv.gov/vision.

FLORIDA MINIMUM VISUAL STANDARDS FOR LICENSING

20/50 or worse in either eye with or without corrective lenses are referred to an eye specialist for
possible improvement.

130 degrees is the minimum acceptable field of vision.

The use of telescopic lenses to meet visual standards is not recognized in Florida.

HSMV 72119 S (Rev 07/11)