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Section 5.1 Introduction. Subdivision (4) of section 502 of the Vehicle and Traffic Law provides that the applicant for an original driver's license shall pass a vision test. Subdivision (6) of Section 502 of the Vehicle and Traffic Law provides that the Commissioner of Motor Vehicles shall require each person holding a license issued pursuant to Article 19 of the Vehicle and Traffic Law to submit to a vision re-examination upon each renewal of license to determine whether such person meets the minimum vision standards. The minimum vision standards for the issuance of an original or renewal driver's license shall be the same.

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5.2 Definitions. (a) Corrective lens. A lens which corrects a refractive condition in the eye. A corrective lens, as used in this Part, does not include telescopic lenses.

(b) Telescopic lens. A lens which is a corrective lens and which uses magnification as the main means of obtaining minimal visual acuity.

(c) Carrier lens. A lens in which a telescopic device is mounted. It may or may not have a refractive correction.

(d) Statement. For the purposes of this Part, a statement submitted by an optometrist, optician, physician assistant or registered nurse may only refer to a non-medical visual condition. A statement submitted by a licensed physician or ophthalmologist may refer to a medical or non-medical visual condition. (Amended 12/18/02)

(e) Test object size for determining horizontal field of vision. The test object size for determining the horizontal field of vision must be either a white 3 mm size test object at a one-half meter distance or a white 6 mm size test object at a one meter distance or the equivalent angular size for any test distance.

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5.3 Minimum visual standards. A person shall meet the minimum visual standards if he meets one of the following standards and complies with the procedures as set forth in Section 5.4 of this Part.

(a) He has a minimum visual acuity of 20/40 (Snellen) in either or both eyes with or without corrective lenses, as tested in accordance with Section 5.4 of this Part.

(b) He has a minimum visual acuity of less than 20/40 but not less than 20/70 (Snellen) in either or both eyes with corrective lenses and has a horizontal field of vision of no less than 140 degrees as tested in accordance with subdivision (b) of Section 5.4 of this Part.

(c) He has a minimum visual acuity of 20/40 (Snellen) with telescopic lenses and 20/100 through the carrier lenses in either or both eyes and has a horizontal field of vision of no less than 140 degrees without the use of field expanders as tested in accordance with subdivision (c) of Section 5.4 of this Part.

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5.4 Procedures. The following procedures shall apply to vision tests:

(a) (1) The vision test may be administered by the Department of

Motor Vehicles or another state's Department of Motor Vehicles or by staff of an organization deputized by the Commissioner to conduct such tests, in accordance with training and standards established by the Commissioner, or by a licensed physician, physician assistant, optometrist, ophthalmologist, optician, pharmacist, nurse practitioner, registered nurse, or their supervised staff. However, the Department of Motor Vehicles, another state's Department of Motor Vehicles, an organization deputized by the Commissioner or a pharmacist or a pharmacist's supervised staff shall only test for a minimum visual acuity of 20/40 (Snellen) in either or both eyes.

(2) Except as provided in paragraph (3) of this subdivision, a statement from a licensed physician, physician assistant, optometrist, ophthalmologist, optician, nurse practitioner or registered nurse must be on a letterhead or prescription blank imprinted with the name, address and title of the authorized person making the certification, or on a form furnished by the Commissioner and such statement shall identify the patient, indicate whether test results were obtained with or without corrective lenses, and include the date of test, signature and license number of person authorized to certify the statement and also affirm that the individual has met the minimum visual acuity of 20/40 (Snellen) in either or both eyes. No statement will be acceptable if the date of the examination is more than six months or more than one year, as determined by the health care professional defined herein, prior to the date of submission of the statement to the Commissioner.

(3) Staff of an organization deputized by the Department of Motor Vehicles pursuant to paragraph (1) of this subdivision, or a pharmacist or a pharmacist's supervised staff must report results of vision tests through an electronic registry established by the Department of Motor Vehicles. Any other party authorized to conduct a test pursuant to paragraph (1) of this subdivision may, but is not required to, use such registry for the reporting of results in lieu of filing a paper report as specified in such paragraph.

(4) The Commissioner may immediately withdraw the deputization of an organization authorized to conduct a test pursuant to paragraph (1) of this subdivision upon a finding that there are reasonable grounds to believe that such organization, or staff of such organization, are conducting such tests in a manner inconsistent with the training and standards established by the Commissioner for the administration of such tests.

(b) If an individual has a satisfactory visual acuity of less than 20/40 but not less than 20/70 (Snellen) and a horizontal field of vision of 140 degrees, only a statement from a physician, ophthalmologist or optometrist will be accepted. Such statement shall also contain:

(1) A statement as to whether or not the person has a vision condition which is deteriorating;

(2) Recommendations for the driving restrictions the physician, ophthalmologist or optometrist wishes the commissioner to consider, if any;

(3) Recommendations for the commissioner's consideration relating to a vision examination on a six or 12 month basis, if any. If a statement is submitted by an optometrist, it must specify whether or not the person has been referred to an appropriate physician because of a detected medical condition.

(c) If an individual has a satisfactory visual acuity based upon 20/40 (Snellen) with telescopic lenses and a corrected visual acuity through the carrier lenses of 20/100 and a horizontal field of vision of no less than 140 degrees with the telescopic lenses in place without the use of field of expanders, only a statement from a physician, ophthalmologist or optometrist will be accepted. Such statement shall include all of the information required in subdivision (b) of this section and shall also contain:

(1) A statement that the person has been fitted for telescopic lenses which he has had in his possession at least 60 days prior to his original or renewal application for a New York driver's license.

(2) A statement that the person has received training at least equal to the suggested training as set forth in Section 5.5 (b) of this Part.

If a statement is submitted by an optometrist, it must specify whether or not the person has been referred to an appropriate physician because of a detected medical condition.

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5.5 Additional requirements for telescopic lenses wearers. (a)
A person who meets minimum visual acuity standards as set forth in
<http://dmvweb/comregs/A005.htm>

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subdivision (c) of Section 5.3 of this Part must pass a road test examination if he had not taken a road test wearing his telescopic lenses. The commissioner may in his discretion waive a road test re-examination for a telescopic lens wearer upon renewal.

(b) Basic training requirements. Minimum training requirements for telescopic lens wearers shall include the following:

- (1) The person has been trained so that he can locate stationary objects within the telescopic field by aligning the object directly below the telescopic lens and then moving his head down and his eyes up simultaneously.
- (2) The person has been trained so that he has mastered the ability of locating a moving object in a large field of vision by anticipating future movement, so that by moving his head and eyes in a coordinated fashion he can locate the moving object within the telescopic field.
- (3) The person has been trained to remember what he has seen after a brief exposure, with the duration of exposure diminished constantly to simulate short looking time while driving.
- (4) The person has experienced levels of illumination such as daylight, dusk and nighttime.
- (5) The person has experienced walking, and riding as a passenger in a motor vehicle, so that he has actually experienced moving while objects are changing position.

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5.6 Renewal of licenses. The license of a person who is required to submit to a vision re-examination will not be renewed until satisfactory evidence of meeting the minimum vision requirements is submitted as required by this Part.

5.7 Restrictions. (a) If a person applying for an original driver's license cannot meet the minimum visual requirements except with the aid of corrective lenses or telescopic lenses, a license with an appropriate restriction shall be issued. However, a person may qualify for only a class D or class DJ driver's license if it is necessary for him to utilize telescopic lenses to meet the minimum visual acuity

standards, except that such class D or DJ driver's license shall not be valid for the operation of class B or C limited use motorcycles. In addition, a class M or MJ driver's license will not be issued to a person who must utilize telescopic lenses to meet the minimum visual acuity standards. (Amended 2/19/91)

(b) Upon application for renewal, if a person required to submit to a vision re-examination holds a license which is not restricted to operation with corrective lenses or telescopic lenses, and such person cannot meet the minimum visual requirements except with the aid of corrective lenses or telescopic lenses, a renewal license with an appropriate restriction shall be issued. If at renewal, a person's visual acuity has diminished to the extent that he must utilize telescopic lenses to meet the minimum visual acuity standards, he will be required to convert his New York driver's license to the class D or class DJ driver license classification, except such license will not be valid for the operation of class B or C limited use motorcycles. (Amended 2/19/91)

(c) Upon application for renewal, if a person required to submit to a vision re-examination holds a license which is restricted to operation with corrective lenses or telescopic lenses, and such person can meet the minimum visual requirements without the use of such lenses, such person shall be entitled to file an application to have that restriction removed from his renewal license. Such application shall not require a fee.

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5.9 Voluntary vision re-examinations. A person who does not have in his possession a license renewal application may not submit to a voluntary vision re-examination. However, the provisions of this section shall not prohibit any licensee from applying for a vision re-examination for the purpose of removing a "vision related" restriction. The provisions of this section do not apply to a periodic vision re-examination required by the commissioner as a condition of the license. (Amended 2/19/91)

5.10 Disqualification. Notwithstanding any of the provisions of this Part, if the department has received notification that the applicant or licensee has been certified legally blind, such certification may provide grounds for refusal to issue an original or renewal driver's license and any current driver's license or learner's permit may be suspended.

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LOW VISION PROGRAM - FOR PERSONS WITH CORRECTED VISION OF LESS THAN 20/40 BUT NOT LESS THAN 20/70, OR TELESCOPIC LENS WEARERS

INSTRUCTIONS:

1. If this completed form is not returned to the Medical Review Unit, you may not renew your license and you may be suspended. **DO NOT GO INTO A DMV OFFICE UNTIL YOU HAVE SUBMITTED YOUR COMPLETED MV-80L TO THE MEDICAL REVIEW UNIT AT THE ADDRESS ABOVE AND HAVE RECEIVED A RESPONSE LETTER IN THE MAIL FROM THEM.**
2. The MV-80L must be completed by a physician, ophthalmologist or optometrist, and must be based on an examination performed within 60 days. **PLEASE RETURN BOTH PAGES OF THE COMPLETED FORM TO THE MEDICAL REVIEW UNIT AT THE ABOVE ADDRESS OR FAX IT TO (518) 402-2991.**
3. Please note, if you are currently in the Low Vision Program, you do not need to submit form MV-80L. The Medical Review Periodic Eye Test form MV-80L.1 will be mailed to you every six or twelve months based on your eye care provider's recommendation. If there are no changes or your license is not due to expire within the next year, you have satisfied the requirements and will not receive anything in the mail from us.

MINIMUM STANDARD FOR INDIVIDUALS WITH CORRECTED VISION OF LESS THAN 20/40, BUT NOT LESS THAN 20/70:

- Horizontal, binocular field of vision must be no less than 140 degrees.

MINIMUM STANDARD FOR TELESCOPIC LENS WEARERS:

- Must have been fitted with, trained to use, and used telescopic lenses for at least 60 days prior to filing this form. **For a first-time evaluation, telescopic lens wearers must complete the certification at the bottom of Page 2.**
- Clip-on or hand-held telescopic lenses are not acceptable
- Visual acuity (Snellen Method) through telescopic portion in either or both eyes must be **NO LESS THAN 20/40**
- Visual acuity (Snellen Method) through carrier lens in either or both eyes must be **NO LESS THAN 20/100**
- Total horizontal, binocular field of vision (no field expanders) must be **NO LESS THAN 140 DEGREES**
- Must pass road test if he/she has not taken a road test while wearing his/her telescopic lenses
- Eligible for a Class D or DJ driver license only
- Ineligible for a commercial driver license (CDL), a motorcycle license or a moped license.

PATIENT — COMPLETE THIS SECTION			
<i>Please Print or Type</i>			
Name _____	(Last)	(First)	(M.I.)
Address _____	(Number and Street)		(Apt. No.)
	(City)	(State)	(Zip Code)
New York State Client ID # _____	Date of Birth _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female

PRACTITIONER — COMPLETE THIS SECTION

Patient's Name _____ Date of Birth _____
(Last) (First) (Month/Day/Year)

Date of Examination _____ (must be within 60 days) Check One: Initial Evaluation Re-evaluation
(Month/Day/Year)

1. Visual Acuity (Snellen Method) NOTE: Please check the appropriate box to identify how visual acuity was achieved, then give the visual acuity.

- With corrective lenses Right eye 20/ _____ and/or left eye 20/ _____ Both 20/ _____
- Without corrective lenses
- With telescopic lenses only Through telescopic lenses right eye 20/ _____ and/or left eye 20/ _____
Through carrier lenses right eye 20/ _____ and/or left eye 20/ _____

2. If telescopic lenses are used, on what date did patient receive them? _____ / _____ / _____

3. Does the patient meet or exceed the minimum acceptable horizontal, binocular field of vision of **140 degrees**? Yes No
NOTE: The test object size for determining horizontal, binocular field of vision must be either a white 3 mm size test object at a one-half meter distance, or a white 6mm size test object at a one meter distance, or the equivalent angular size for any test distance.

4. If telescopic lenses, did the patient achieve his/her horizontal, binocular field of vision with the use of field expanders? Yes No

5. What medical condition(s) caused the present loss of the patient's visual acuity? _____

6. Patient should be re-evaluated every 6 Months Year

7. Is this condition stable at this time? Yes No

8. Check restriction(s) you recommend: Day Driving Only Full-View Mirror No Limited Access Roads None

9. 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 _____

The above information is true, complete and best reflects my professional judgement.

▶ _____ (Practitioner's Signature) _____ (Date)
_____ (Practitioner's Name — please print) _____ (Certificate or License Number)
_____ (Address) _____ (Telephone Number)

TELESCOPIC LENS WEARERS MUST COMPLETE THIS CERTIFICATION ONLY FOR A FIRST-TIME EVALUATION

I certify that I have successfully completed the minimum training requirements for telescopic lens wearers as outlined in Part 5 of the Commissioner's Regulations, and that I received the training from:

_____ (Name of Trainer) _____ (Telephone Number)
_____ (Address of Trainer)

▶ _____ (Signature of Patient) _____ (Date Training Completed)



VISION TEST REPORT

dmv.ny.gov

PATIENT INSTRUCTIONS:

- a. Find a provider in DMV's Vision Registry at dmv.ny.gov/vision-registry-locator. If one of these providers completes your required vision test, you do not need this form to renew your driver license.
- b. If your provider is not enrolled in DMV's Vision Registry, this report must be completed and used when renewing your license at dmv.ny.gov or by mail.

PROVIDER INSTRUCTIONS:

- a. **This form should be used only for patients who have a minimum Snellen Test score of 20/40 with one or both eyes, with or without corrective lenses.** For patients whose best corrected vision is less than 20/40 but not less than 20/70, and for patients who wear telescopic lenses, complete form MV-80L (dmv.ny.gov/forms) and mail it to the address on that form.
- b. ONLY a licensed physician, physician assistant, registered nurse, nurse practitioner, optician, optometrist, ophthalmologist, or supervised staff of any of these providers can complete the MV-619.
- c. PRINT in ink or TYPE all information below except signature.
- d. Do not mail this report. Give it to the patient.
- e. To enroll in DMV's Vision Registry, please visit dmv.ny.gov/visionprovide.htm. It's simple, easy and free!

1. Patient's Name (exactly as it appears on the patient's driver license) Last First MI	2. Date of Birth (MM/DD/YY) / /	3. Sex <input type="checkbox"/> M <input type="checkbox"/> F
4. Patient's Street Address Apt. #		
City State Zip Code	5. Date of Examination (MM/DD/YY) / /	
6. Did the patient achieve a Snellen Test score of 20/40 or better with one or both eyes? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, complete form MV-80L		
7. Did the patient wear corrective lenses during the test? <input type="checkbox"/> YES <input type="checkbox"/> NO		
8. Name and Title of Provider		
9. Provider's Street Address		
City State Zip Code		
10. This report is valid for up to <input type="checkbox"/> 12 months <input type="checkbox"/> 6 months from the date of examination.		
11. I have examined the patient described above, and have accurately reported my findings from that examination on this form. Provider's Signature (Sign Name in Full) Sign Here	12. Professional License No.	

