



# REQUEST FOR OPHTHALMOLOGIC OR OPTOMETRIC INFORMATION

PLEASE TYPE OR PRINT  
ALL INFORMATION

Please be advised that the decision to allow applicant to continue to retain his New Mexico Driver's License is contingent upon the information provided in this medical report. It is imperative that all questions be answered and that the dates and results of any and all medical examinations be provided. This report will be reviewed by a panel of physicians, become part of the applicant's record, is for the confidential use of the Board or the Division and may not be divulged to any person or used as evidence in any trial. Please deliver to any New Mexico Motor Vehicle Field Office or mail to:  
Motor Vehicles Division, Drivers Services Bureau, P.O. Box 1028, Santa Fe, NM 87504-1028

Patient's Name (Last, First, Middle Initial)	Date of Birth
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Address	City, State, Zip Code
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Social Security Number	Driver License Number
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1. GIVE DATE OF LAST EXAMINATION			3. VISUAL FIELDS - ? FULL <span style="float:right">If not normal, indicate below</span>	
2. VISUAL ACUITY	O. D.	O. S.	O. U.	
	WITHOUT GLASSES			
	WITH GLASSES OR CONTACT LENSES. <b>STATE WHICH/BOTH</b>			
4. DIPLOPIA	<input type="checkbox"/> ABSENT <input type="checkbox"/> PRESENT	IF PRESENT, IS IT CORRECTED?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		

5. ARE ANY OF THE PATIENT'S VISION DEFECTS/DISABILITIES PROGRESSIVE?  YES  NO

FOR DRIVER LICENSING PURPOSES, INDICATE NEXT RECOMMENDED INTERVAL FOR MEDICAL REPORT REVIEW:

\_\_\_\_\_ YEAR(S) AND/OR \_\_\_\_\_ MONTH(S)

6. DESCRIBE CONDITIONS IMPAIRING PATIENT'S VISION:

7. LIST MEDICATIONS AND DOSAGE PATIENT IS RECEIVING:

DO ANY OF THESE MEDICATIONS IMPAIR PATIENT'S ABILITY TO OPERATE A MOTOR VEHICLE SAFELY? IF YES, IN WHAT MANNER?

8. FROM A VISION STANDPOINT ONLY, IS THE PATIENT CAPABLE OF SAFE AND COMPETENT DRIVING?  YES  NO

Recommended Restrictions:

EYE PRACTITIONER'S NAME	DEGREE	<b><u>DIVISION USE ONLY</u></b>
OFFICE ADDRESS	OFFICE PHONE	
CITY, STATE, ZIP CODE	FIELD OFFICE NO. _____	
PRACTITIONER'S SIGNATURE	DATE	WAS A DRIVER'S LICENSE ISSUED? <input type="checkbox"/> YES <input type="checkbox"/> NO  IF YES, WHAT TYPE? <input type="checkbox"/> FULL <input type="checkbox"/> TEMP