

The basic vision test given shows that your vision does not meet the required standard, and further testing is necessary. Please present this form to an optometrist or ophthalmologist of your choice. (Alberta Transportation will not refer clients to any particular optometrist or ophthalmologist). Following the examination, send the completed form to Alberta Transportation, Driver Fitness and Monitoring, Main Floor, Twin Atria Building, 4999 - 98 Avenue, Edmonton AB T6B 2X3.

Date
 year month day

Reason For Referral

Client Information and Authorization

| | | |
|--------------------------------------|----------|---------------------------|
| Name of Client (Last, First, Second) | | Date of Birth |
| Address | | Apartment |
| City / Town | Province | Postal Code |
| | | Operator's Licence Number |

I authorize an optometrist or ophthalmologist to report their findings to Alberta Transportation, Driver Fitness and Monitoring. _____
 Signature of Client

Certificate of Examination by an Optometrist or Ophthalmologist

The person named above has taken the basic vision test and did not meet the standard required to retain an Alberta Operator's Licence. Further vision testing is therefore required. Please complete this form and return it to the client.

I, _____, being licensed to practise _____
 in the Province of Alberta, have examined the person named above and find the following:

ACUITY RATING

| Without Glasses | With Present Glasses | With Best Possible Correction |
|-----------------|----------------------|-------------------------------|
| Right Eye 6/ | Right Eye 6/ | Right Eye 6/ |
| Left Eye 6/ | Left Eye 6/ | Left Eye 6/ |
| Both Eyes 6/ | Both Eyes 6/ | Both Eyes 6/ |

PERIPHERAL VISION

| Class 1, 2, 3, 4 | Class 5, 6 |
|---------------------|-----------------------------------|
| Each Eye Separately | Both Eyes Open, Examined Together |
| Right Eye ° | Right Eye ° |
| Left Eye ° | Left Eye ° |

Are corrective glasses recommended for driving purposes? Yes No.

Is there evidence of eye disease or injury? (please explain) _____

Noting the comments in the "Reason for Referral" box (shaded area above), please report your findings.

Signature of Examiner Date of Examination Telephone Number

Address Apartment City / Town Province Postal Code

For DFM use only



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