EYESIGHT REPORT

FORM **D. 502**

FOR DRIVER LICENSING PURPOSES

DECLARATION BY APPLICANT

(to be signed by the applicant in the presence of the examining doctor or optician)

I, the undersigned, wish to undergo an eyesight test for the purposes of obtaining a provisional licence under the terms of the provisions of the Road Traffic (Licensing of Drivers) Regulations, 1999

Signature: _____

Name and Address of Applicant (in **BLOCK** letters please)

Date of Birth

Date Month Year

THIS REPORT MUST BE SUBMITTED TO A LICENCING AUTHORITY WITH AN APPLICATION FOR A PROVISIONAL LICENCE WITHIN ONE MONTH OF IT'S COMPLETION BY A REGISTERED MEDICAL PRACTITIONER OR REGISTERED OPTHALMIC OPTICIAN.

EYESIGHT REPORT

(to be completed by a registered medical practitioner or a registered ophthaimic optician)

I, the undersigned registered medical practitioner/registered ophthaimic optician (delete as appropriate), hereby report that: -

- the applicant has signed the above declaration in my presence
- I have examined the eyesight of the applicant by reference to the prescribed standard as set out below
- in my opinion, the applicant (please tick the appropriate box(es) below)

☐ meets the prescribed standard set out below

☐ needs to wear corrective lenses to meet the standard set out below

☐ fails to meet the standard set out below

To be completed by doctor/ophthalmic optician

Signature: _____

Date of eyesight examination:

Date Month Year

Telephone Number:

Stamp of Doctor
or
Ophthalmic Optician

PRESCRIBED STANDARDS FOR EYESIGHT

(a) The person shall have a visual aculty (with corrective lenses, where necessary) of not less than 0.5 (6.12) when using both eyes together

(b) The horizontal field of vision of the person shall not be less than 150°

(c) A person with sight in one eye only shall have a visual acuity (with corrective lenses, where necessary) of not less than 0.6 (6/10), an unrestricted field of vision in the eye concerned and the monocular vision must have existed for sufficient time to allow adaptation.

Where a person needs to wear corrective lenses to meet the standard set out above, this must be specifically indicated on this form by ticking the appropriate box above.