

Drivers' Name _____ Date of Birth _____

Address _____

PHYSICIAN EVALUATION CHECKLIST

Colorado Intrastate Vision Waiver Program

Instructions for the Physician

Please type or print your answers legibly. The waiver application must be completed and signed by an ophthalmologist or optometrist. Thank you.

This applicant is applying for a State vision waiver which would allow him/her to operate a commercial motor vehicle (CMV) - large truck or bus - in intrastate commerce (operations in Colorado only). A large part of the application process is your evaluation to determine if this individual has any problem related to visual acuity that might impair safe driving.

1. Date of examination: _____

2. Identify and define the nature of the visual deficiency. _____

3. What is the applicant's best corrected visual acuity:

Right 20/ _____ Left 20/ _____ Both 20/ _____

Monocular vision? Yes No

4. Is the applicant's horizontal field of vision, including central and peripheral fields, at least 120° in the horizontal. _____

5. Is the visual deficiency stable? Yes No

6. Can the applicant recognize the standard traffic signal colors of red, green, and amber?

Yes No

7. Do you recommend any driving restrictions? (Side mirrors, driving hours, etc.)

Physician's Name: _____

Address: _____

Phone: _____ State License Number _____

❖ I hereby certify that in my medical opinion, the applicant has sufficient vision to perform the driving tasks required to safely operate a commercial motor vehicle (CMV) in intrastate commerce (Colorado only). YES NO

Length of time this Vision Waiver should be good for? (Cannot be more than 2 years) _____

Physician's Signature: _____ Date: _____

RETURN TO: COLORADO STATE PATROL-MOTOR CARRIER, ATTN: MEDICAL WAIVERS, 15075 SOUTH GOLDEN ROAD, GOLDEN, CO 80401

FOR COLORADO STATE PATROL WAIVER PROGRAM USE ONLY

APPLICATION REVIEWED BY (PRINT)

DATE

EFFECTIVE AND EXPIRATION DATES (IF APPROVED)