

Mail or fax to: Driver Medical Review Office, 77 Wellesley Street West, Box 589, Toronto ON M7A 1N3

Fax Number: 416-235-3400 or 1-800-304-7889 Telephone Number: 416-235-1773 or 1-800-268-1481

Fields marked with an asterisk (*) are mandatory.

Part 1. Patient Information

| | | | |
|-------------|--------------|--------------|------------------------------|
| Last Name * | First Name * | Middle Init. | Date of Birth (yyyy/mm/dd) * |
|-------------|--------------|--------------|------------------------------|

Current Address

| | | | | |
|---------------------|-----------------|----------------------|--|---|
| Unit Number | Street Number * | Street Name or Lot * | PO Box | Province * |
| City/Town/Village * | | Postal Code | <input type="checkbox"/> Male * <input type="checkbox"/> Female * | Driver's Licence Number (if available): |

Part 2. Visual Impairment

Please complete Section A (Mandatory Report) or Section B (Discretionary Report), as applicable.

A. Report to the Registrar of Motor Vehicles – Highway Traffic Act s. 203(1) – Mandatory Report

The person referenced in Part 1 has or appears to have:

1. ☐ Best corrected visual acuity below 20/50 with both eyes open and examined together

| Visual Acuity | Right Eye | Left Eye | Both Eyes | Diagnosis is: |
|--------------------|-----------|----------|-----------|---|
| Without Correction | 20/ | 20/ | 20/ | <input type="checkbox"/> Cataracts <input type="checkbox"/> Amblyopia <input type="checkbox"/> Macular Degeneration <input type="checkbox"/> Acquired Brain Injury <input type="checkbox"/> Other _____ |
| With Correction | 20/ | 20/ | 20/ | <input type="checkbox"/> Add/remove X restriction |

2. ☐ A visual field that is **less than 120 continuous degrees** along the horizontal meridian, or less than 15 continuous degrees above and below fixation, or less than 60 degrees to either side of the vertical midline, including hemianopia.

| Horizontal Visual Field | Degrees | Diagnosis is: |
|-----------------------------|----------------|---|
| Right Eye | Temporal Field | <input type="checkbox"/> Retinitis Pigmentosa <input type="checkbox"/> Glaucoma <input type="checkbox"/> Cerebrovascular Accident <input type="checkbox"/> Diabetic Retinopathy <input type="checkbox"/> Acquired Brain Injury <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____ |
| | Nasal Field | |
| Left Eye | Temporal Field | |
| | Nasal Field | |
| Both Eyes Examined Together | | |

3. ☐ Diplopia within 40 degrees of fixation point (in all directions) of primary position that cannot be corrected using prism lenses or patching.

B. Vision Report to the Registrar of Motor Vehicles (Highway Traffic Act s. 203(2)) - Discretionary Report

The person referenced in Part 1 has or appears to have a visual condition that may make it dangerous for the person to operate a motor vehicle. Please specify.

Part 3. Practitioner's Information

| | | |
|----------------------------|-----------------------------|------------------|
| Practitioner's Last Name * | Practitioner's First Name * | Licence Number * |
|----------------------------|-----------------------------|------------------|

Practitioner's Address

| | | | |
|-------------|-----------------|--------------------|---------------------|
| Unit Number | Street Number * | Street Name * | City/Town/Village * |
| Province * | Postal Code * | Telephone Number * | Signature |
| | | | Date (yyyy/mm/dd) |

Regulation 340/94 requires that,

A Class G, G1, G2, M, M1 or M2 driver must have:

- A visual acuity as measured by Snellen Rating that is not poorer than 20/50, with both eyes open and examined together with or without the aid of corrective lenses; and
- A horizontal visual field of at least 120 continuous degrees along the horizontal meridian and at least 15 continuous degrees above and below fixation, with both eyes open and examined together.

A Class A, B, C, D, E or F driver must have:

- A visual acuity as measured by Snellen Rating that is not poorer than 20/30 with both eyes open and examined together and not poorer than 20/100 in the weaker eye, with or without the aid of corrective lenses; and
- A horizontal visual field of at least 150 continuous degrees along the horizontal meridian and at least 20 continuous degrees above and below fixation, with both eyes open and examined together.

Where the horizontal visual field of a driver is to be determined,

- it shall be measured without the aid of extraordinary optical devices that enhance or modify vision or that interfere with the horizontal visual field, such as telescopic lenses, prism lenses or sidebar prisms;
- the continuous horizontal visual field shall not include the natural blind spot;
- the visual field representation must include the central visual fixation point at its centre;
- no less than half of the continuous degrees of the horizontal visual field that are required along the horizontal meridian shall be found on either side of the vertical meridian; and
- the continuous degrees of the horizontal visual field that are required above and below fixation shall be continuous throughout the required continuous degrees along the horizontal meridian.

Note : Visual defects, disease or injury of a complex nature may require further assessment and will be reviewed on an individual basis in accordance with the mandatory vision standards found in Regulation 340/94 and with Ministry vision guidelines and standards.