

Affix Microfilm Sticker Here

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 a vision specialist of your choice. (Alberta Transportation will not refer clients to any particular vision specialist). 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 (<i>Last, First, Second</i>)		Date of Birth	
		year	month day
Address		Apartment	
City / Town	Province	Postal Code	Operator's Licence Number

I authorize a vision specialist to report their findings to Alberta Transportation, Driver Fitness and Monitoring. _____
Signature of Client

Certificate of Examination by a Vision Specialist

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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