

**VISION ASSESSMENT CERTIFICATE OF FITNESS TO DRIVE**  
**Local Government (Miscellaneous Provisions) Act 1976**  
**Town Police Clauses Act 1847**

**Patient's Details (Please read guidance notes over and take this form to your vision specialist)**

Name:

Date of Birth:

**Examining Doctor/Optician's Details**

Full Name:

Full Surgery or Business Address:  
(Please also provide authentication stamp)

Contact Telephone Number:

**Doctor/Optician's Certification (Please read guidance notes over BEFORE signing)**

I hereby certify that I have today examined this person for the purposes of establishing their eyesight standard for driving to the Group 2 Vocational Standard and have concluded that this person:

Is visually **FIT/NOT FIT\*** to drive a licensed vehicle

I further confirm that I have completed the vision assessment shown over and read the notes of guidance when completing this examination and that I am currently registered and licensed to practice in the UK.

*\*Delete as appropriate*

Signature of Practitioner:

Dated:

## VISION ASSESSMENT

(To be completed by a doctor or optician/optometrist)

**If correction is needed to meet the eyesight standard for driving, all questions must be answered. If correction is NOT needed, questions 5 and 6 can be ignored.**

1. Please confirm (✓) the scale you are using to express the driver's visual acuities:

Snellen	
Snellen expressed as a decimal	
LogMAR	

2. Please state the visual acuity of each eye

**Snellen readings with a plus (+) or minus (-) are not acceptable.** If 6/7.5, 6/60 standard is not met, the applicant may need further assessment by an optician.

Uncorrected		Corrected (using prescription worn for driving)

3. Is the visual acuity at least 6/7.5 in the better eye and at least 6/60 in the other eye (corrective lenses may be worn to meet this standard)?

Yes		No

4. Were corrective lenses worn to meet this standard?

Yes		No

If **Yes**, glasses  contact lenses  both together

5. If **glasses** (not contact lenses) are worn for driving, is the corrective power greater than plus (+) 8 dioptres in any meridian of either lens?

Yes		No

6. If correction is worn for driving, is it well tolerated?

Yes		No

If **No**, please give full details in box provided\*

7. Is there a history of any medical condition that may affect the applicant's binocular field of vision (central and/or peripheral)?

Yes		No

8. Is there diplopia?

Yes		No

(a) If **Yes**, is it controlled?


If **Yes**, please give full details in the box provided\*

9. Does the applicant on questioning, report symptoms of intolerance to glare and/or impaired contrast sensitivity and/or impaired twilight vision?

Yes		No

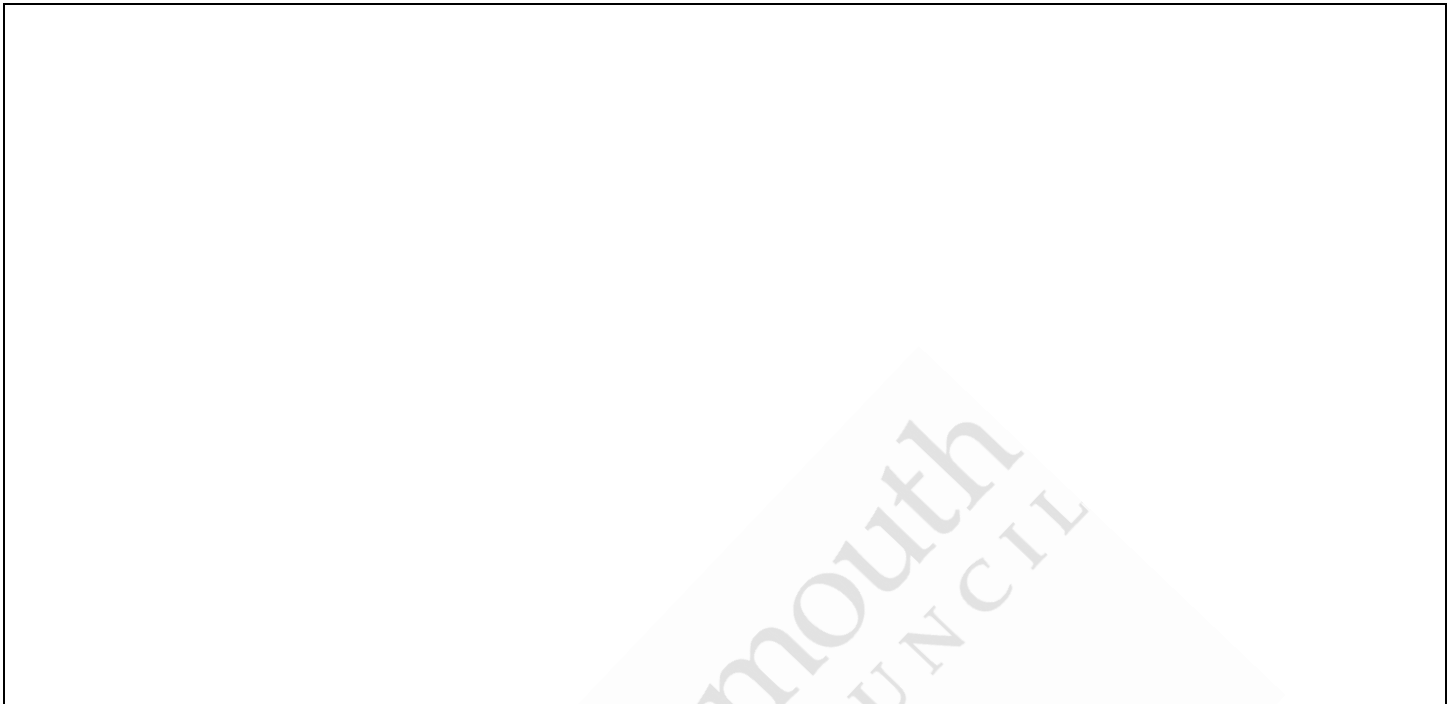
10. Does the applicant have any other ophthalmic condition?

Yes		No

If **Yes** to any of questions 7-10, please give full details in the box provided.\*



Further Details\*



## IMPORTANT INFORMATION

If your doctor is unable to fully and accurately complete this assessment please attend an optician or optometrist.

Please ensure that the doctor (if attending your surgery) is able to measure your visual acuity to at least 6/7.5 (decimal 0.8) of a Snellen chart and can confirm the strength of your glasses (dioptries) from your prescription.

If you wear glasses please take your prescription to the assessment.

### Eyesight - Visual Acuity

All drivers must be able to read in good light with glasses or contact lenses if worn, a car number plate from 20 metres (post 01 September 2001 front) and have eyesight (visual acuity) of 6/12 (decimal Snellen equivalent 0.5) or better.

### Applicants must also have, as measured by the 6 metre Snellen chart:

- A visual acuity of at least 6/7.5 (decimal Snellen equivalent 0.8) in the better eye
- A visual acuity of at least 6/60 (decimal Snellen equivalent 0.1) in the worse eye
- This may be achieved with or without glasses or contact lenses
- If **glasses** (not contact lenses) are worn for driving, the spectacle prescription of either lenses used must not be of a corrective power greater than **plus 8 (+8)** dioptries in any meridian

If you cannot meet the above standard you may still be able to satisfy the medical standards if:

- You held a driver licence before 01 January 1997
- You have a corrected visual acuity of at least 6/9 (decimal Snellen equivalent 0.6) in the better eye and 6/12 (decimal Snellen equivalent 0.5) in the worse eye **and**
- An uncorrected visual acuity of 3/60 (decimal Snellen equivalent 0.05) in at least one eye **or**
- You held a driver licence on 01 March 1992
- You have a corrected visual acuity of at least 6/12 (decimal Snellen equivalent 0.5) using both eyes together
- You have an uncorrected visual acuity of at least 3/60 (decimal Snellen equivalent 0.05) in at least one eye

### Eyesight - Visual Field

The horizontal visual field should be at least 160 degrees. The extension should be at least 70 degrees left and right and 30 degrees up and down. No defects should be present within a radius of the central 30 degrees.

### Eyesight - Monocular Vision

Persons who have sight in one eye only or their sight in one eye has deteriorated to a corrected acuity of less than 3/60 (decimal Snellen equivalent 0.05) cannot normally be licensed **unless** they were licensed prior to April 1991 and the council knew you had sight in only one eye before January 1991.

### Eyesight - Double Vision

Persons with uncontrolled symptoms of double vision or with double vision treated with a patch will not be granted a licence.

## NOTES OF GUIDANCE<sup>1</sup>

1. Medical examinations and vision assessment reports to the group 2 vocational standard (based on the DVLA D4 medical examination report) are normally required on first driver application, at the age of 45, then every 5 years until 65, then annually. The council MAY require any applicant or driver to submit to further medical examination, reports or testing upon individual request of an authorised officer.

All initial vision examinations MUST either be at the patient's own surgery with the medical practitioner and staff having immediate access to the patient's medical records and history. Alternatively, this certificate may be completed by the relevant optician or optometrist

2. This vision assessment certificate may be given direct to the patient.

<sup>1</sup> *Effective August 2017 but subject to periodic revision*

3. This certificate and any reports will be retained by Portsmouth City Council, as the local licensing authority, for as long as the driver named remains licensed and/or until replaced by a future certificate. This certificate is NOT evidence of continued visual fitness to drive and patients must be advised to report any medical/visual condition that might affect an ability to drive professionally to the group 2 vocational standard to both DVLA and the council within 24 hours.
  4. Any fees associated with this certificate are between the patient and their respective surgery/professional practitioner and the council is not liable for any fees due.
  5. Medical Practitioners and other professionals should, if necessary, have regard to the DVLA publication "Assessing Fitness to Drive - A Guide for Medical Professionals"  
<https://www.gov.uk/government/publications/assessing-fitness-to-drive-a-guide-for-medical-professionals>
  6. By completing a visual examination, the patient authorises their medical practitioner and/or other specialists to release such information to the council and/or the Medical Referee as may be required.
- In cases requiring clarification, the council may ask medical practitioners or other specialists to provide further information (with the consent of the patient) and/or may refer the matter for consideration by the council's appointed Medical Referee - Occupational Health Department, QA Hospital, Southwick Hill Road, Portsmouth PO6 3LY.
7. The Licensing Sub Committee and/or Licensing Manager will make any final decisions on medical fitness to drive after consideration on individual merit.
  8. The vision assessment report is valid only for a period of 4 months from the date of signing by the medical practitioner, optician or optometrist.

*Portsmouth City Council will process your personal information in accordance with data protection law. The personal details provided by you will be used for licensing service purposes. Your details will be held on a database and where the law allows, may be shared with other departments within the council to update details they hold about you. The council may also be required to disclose personal information to third parties (such as Police, Department for Work and Pensions or for the National Fraud Initiative) for the purposes of preventing or detecting crime or apprehending or prosecuting offenders.*

*For further information about how the Council collects and uses personal information please visit our website:  
<https://www.portsmouth.gov.uk/ext/the-council/data-protection-privacy-notice>*