## **EYESIGHT REPORT**

## FOR DRIVER LICENSING PURPOSES

FORM

0.502

## **DECLARATION BY APPLICANT**

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

	rgo an eyesight test for the purposes of obtaining ic (Licensing of Drivers) Regulations, 2006	ng a learner permit under the terms of
Signature:		
Name and Address of Applicant (in BLOCK letters please)		
Date of Birth:	Day Month Year	
LEARNER PERMIT WITH	UBMITTED TO A LICENSING AUTHOR IN <u>ONE MONTH</u> OF IT'S COMPLETIO CTITIONER OR REGISTERED OPHTHAI	N BY A REGISTERED MEDICAL
(to be complet	EYESIGHT REPORT ted by a registered medical practitioner or a registered medical practition.	
1, the undersigned registered me	edical practitioner/registered ophthalmic opticia	an (delete as appropriate), hereby report that:-
1 have examined the eyesig	e above declaration in my presence ght of the applicant by reference to the prescrit t (please tick the appropriate box(es) below)	bed standard as set out below
meet the prescribed	standard set out below	
fails to meet the s	orrective lenses to meet the standard set standard set out below	•
To be	e completed by doctor/ophtha	almic optician
Signature:		
Date of eyesight examination:  Day Month Year		Stamp of Doctor or
Telephone Number:		Ophthalmic Optician
PRESCRIBED STANDARDS FOR EYESIGHT		
/		

- (a) The person shall have a visual acuity (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.