

## Vision Report to the Registrar of Motor Vehicles

Pursuant to the *Highway Traffic Act*, *Section 203(1) or 203(2)* 

**Mail or fax to:** Medical Review Section, 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

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Part 1. Patier	nt Information									
Last Name *			First Name *		Middle Init.	Date of Birth (yyyy/mm/dd) *				
Current Address           Unit Number         Street Number * Street Name of Street			or Lot * PO Box		Province *	Province *				
City/Town/Village *			Postal Code	Male *	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: <b>1.</b> Best corrected visual acuity below 20/50 with both eyes open and examined together										
Visual Acuity	Right Eye	Left Eye	Both Eyes	Diagnosis is:	Anakhuania					
Without Correction	20/	20/	20/	Cataracts	] Amblyopia Injury	Macular Degeneration				
With Correction	n 20/	20/	20/	Add/remove X	restriction					
				long the horizontal me to either side of the v		s than 15 continuous e, including hemianopia.				
Horizontal Visu	al Field		Degrees	Diagnosis is:						
Right Eye Temporal Field				Retinitis Pigme		Glaucoma				
Nasal Field				Cerebrovascula		Diabetic Retinopathy				
Left Eye Temporal Field				Acquired Brain	Injury	Unknown				
	Nasal Fie	eld		Other						
Both Eyes Exan	•									
3. Diplopia v lenses or		of fixation poi	nt (in all directions	<ul> <li>of primary position t</li> </ul>	hat cannot be	e corrected using prism				
B. Vision Rep	ort to the Regis	strar of Mot	or Vehicles <i>(Hig</i>	hway Traffic Act s	. 203(2)) - D	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 L	.ast Name *		Practitioner's Fire	Practitioner's First Name *						
Practitioner's	Addross									
Unit Number	Street Number *	Street Name *		City/Town/Village *						
Province *	Postal Code *	Telephone Number *	Signature		Date (yyyy/mm/dd)					
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## 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.