



**South
Derbyshire
District Council**

EYE-SIGHT TEST CERTIFICATE

Name of applicant

Address

.....

Date of Birth

NOTES

1. This certificate is for the confidential use of the Licensing Authority. Once complete, please return the completed form to the applicant who will submit the form to the Licensing Authority. Any fee charged is payable direct by the applicant to the Optician.

2. The visual acuity, as measured by the 6 metre Snellen chart, must be at least 6/7.5 (decimal Snellen equivalent 0.8) in the better eye and at least Snellen 6/60 (decimal Snellen equivalent 0.1) in the other eye. Corrective lenses may be worn to achieve this standard. A LogMAR reading is acceptable.

| | REPLY TO BE WRITTEN IN THIS COLUMN |
|---|--|
| 1. Date of Test: | |
| 2. Please confirm the scale you are using to express the driver's visual acuities (Snellen, Snellen expressed as a decimal or LogMar): | |
| 3. Please state the visual acuity of each eye. Please convert any 3 metre readings to the 6 metre equivalent. Vision unaided Vision with correction (if required) | R= L= R= L= |
| 4. Please give the best binocular acuity (with corrective lenses if worn for driving) | |
| 5. If glasses are worn, was the distance spectacle prescription of either lens used of a corrective power greater than plus 8 (+8) dioptries? | Yes / No / Not applicable |

| | |
|---|---------------------------|
| 6. If correction is worn for driving, is it well tolerated? | Yes / No / Not applicable |
| 7. Is there a history of any medical condition that may affect the applicant's binocular field of vision (central and/or peripheral)? If yes, please provide full details. | Yes / No |
| 8. Is there diplopia? If yes, is it controlled? If yes, please provide full details. | Yes / No Yes / No |
| 9. Is there any reason to believe that there is impairment of contrast sensitivity or intolerance to glare? | Yes / No |
| 10. Does the applicant have any other ophthalmic condition? | Yes / No |
| 11. Does the eye test reveal any other medical condition that warrants referral to a GP or specialist such as may impair the applicant's ability to drive? | Yes / No |
| 12. Do you consider further examination necessary/ If so, in what time period? | |

I certify that I

have this day examined

and that the answers to the foregoing questions are correct to the best of my knowledge and belief, and I consider the applicant's acuity of vision to be **satisfactory/unsatisfactory*** for the purpose of driving a private hire vehicle.

Signature of qualified Ophthalmic Optician

Printed name.....

GOC, HPC or GMC number.....

Address

.....

Date

*Delete as necessary

If you have any queries relating to the completion of this certificate please contact the Licensing Section of South Derbyshire District Council. **Tel: (01283) 595890/595724.**

MEDICAL DECLARATION

I,

confirm that since my eye test examination, I am still fit to perform the duties of a private hire driver. To my knowledge, I have not developed any eye defects that may affect my ability to drive a private hire vehicle. I confirm that any correction prescribed by the Optician will be worn if necessary.

Signed Date