

Eyesight Report

All applicants must be able to read in good daylight (with the aid of glasses or contact lenses if worn) a registration mark fixed to a motor vehicle and containing letters and figures 79 millimetres high and 50 millimetres wide (i.e. post 1.9.2001 font) at a distance of 20 metres, or at a distance of 20.5 metres where the characters are 79 millimetres high and 57 millimetres wide (i.e. pre 1.9.2001 font).

Visual Acuity

(i) Applicants must have:

- a visual acuity of at least 6/7.5 (0.8 decimal) in the better eye; and
- a visual acuity of at least 6/60 in the worse eye; and
- Where glasses are worn to meet the minimum standards they should have a corrective power $\leq + 8$ dioptries.

An applicant who held a Eastbourne hackney carriage or private hire driver's licence before 1 January 1997 and who has uncorrected visual acuity of less than 3/60 in only one eye may be able to meet the required standard.

An applicant who held a hackney carriage or private hire driver's licence before 1 March 1992, but who does not meet the standard in (i) above **may** still qualify for a licence. Please contact the licensing team if you require further information.

(i) Normal binocular field of vision

The second E.C. Directive requires a normal binocular field of vision for Group 2 Drivers

(ii) Monocular vision

Drivers who have monocular vision will not meet the Group 2 standard, unless the applicant held a HC/PH drivers licence prior to 01.01.1991

(iii) Uncontrolled symptoms of double vision

Uncontrolled symptoms of double vision preclude licensing. As monocular vision is a bar, the treatment for double vision with a patch will not meet the Group 2 standard.

WHAT YOU HAVE TO DO

In future, if you develop symptoms of a condition that could affect safe driving you must inform Eastbourne Borough Council immediately.

Questions?

The Council's Case Management team can be contacted as follows:

Tel: 01323 410000

Address: Eastbourne Borough Council, Town Hall, Grove Road, Eastbourne, BN21 4UG

Email: customerfirst@lewes-eastbourne.gov.uk

Vision assessment

To be filled in by a doctor or optician/optometrist

Doctors – You MUST read the notes in the INF4D leaflet so that you can decide

Whether you are able to fully complete the vision assessment.

Please check the applicant's identity before you proceed.

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.

If correction is needed to meet the eyesight standard for driving, ALL questions must be answered. If correction is NOT needed, questions 4 and 5 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. Please convert any 3 metre readings to the 6 metre equivalent.

Uncorrected

Corrected
(using the prescription worn for driving)

R	L	R	L
---	---	---	---

3. Please give the best binocular acuity (with corrective lenses if worn for driving)

4. If **glasses** were worn, was the distance spectacle prescription of either lens used of a corrective power greater than plus 8 (+8) dioptres? **Yes** **No**

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

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

7. Is there diplopia?

(a) Is it controlled?

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

8. Is there any reason to believe that there is impairment of contrast sensitivity or intolerance to glare?

9. Does the applicant have any other ophthalmic condition?

Details

Date of examination (see INF4D)

I consider that the applicant **MEETS / DOES NOT MEET*** the criteria for a **Group 2 vocational driver's licence**. *please delete whichever is inapplicable

Name (print)

Signature

Date of signature

D	D	M	M	Y	Y
---	---	---	---	---	---

Please provide your GOC, HPC or GMC number

--	--	--	--	--	--	--	--	--	--

Doctor/optometrist/optician's stamp

Applicant's full name

Date of birth

D	D	M	M	Y	Y
---	---	---	---	---	---