

# Report of Visual Examination (Ophthalmologist/Optomtrist)



MANITOBA  
PUBLIC INSURANCE

Driver's Licence Number	
Birthdate	Restrictions
Lic. Class	
Lic. Stage	

Driver Fitness  
Box 6300  
Winnipeg MB R3C 4A4  
CANADA  
Telephone: 204-985-1900  
Fax: 204-953-4992  
Toll-Free: 1-866-617-6676

### Reason for Report

- |   |  |
|---|--|
| <input type="checkbox"/> Vision recall            | <input type="checkbox"/> Applicant for class _____ |
| <input type="checkbox"/> Second opinion           | <input type="checkbox"/> Fail to meet standards    |
| <input type="checkbox"/> Medical Review Committee | <input type="checkbox"/> Medical/Visual suspension |

### Instructions to the Ophthalmologist/Optomtrist:

Refer to instructions on reverse side.  
Please follow instructions marked with an X.

- Complete questions 1 - 7
- Monocular plotted visual field diagrams
- Binocular plotted visual field diagrams

**This report is to be completed  
and returned to Manitoba Public  
Insurance by:**

1.	Visual Acuity	Right eye	Left eye	Both eyes
	Without Corrective lenses			
	With Corrective lenses			

2. Basic visual field testing instructions.  
The entire visual fields should be tested with each eye examined separately.

Horizontal visual fields: (State in degrees)

Right eye \_\_\_\_\_° Left eye \_\_\_\_\_°;

(If evidence of visual field deficits, visual field diagrams must be filed. See reverse side for instructions.)

3. Is there any evidence of red/green color blindness? \_\_\_\_\_

4. Diagnosis \_\_\_\_\_

Prognosis \_\_\_\_\_

5. Other related information regarding ocular or visual abnormalities:

\_\_\_\_\_

\_\_\_\_\_

6. Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. I hereby authorize my eye care practitioner to release this medical information to the Registrar.

Date \_\_\_\_\_ Patient's Signature \_\_\_\_\_

Date of Examination	<input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Optometrist
Telephone	Name (Printed)
This medical information will be disclosed to the patient upon request unless otherwise directed.	Signature

\* Ce document existe aussi en français

This information is requested by Manitoba Public Insurance pursuant to Section 18 of *The Drivers and Vehicles Act*. Manitoba Public Insurance will use the information you provide for the purposes specifically stated on this form, related purposes set out in *The Highway Traffic Act* and *The Drivers and Vehicles Act*, and for any other purposes authorized by law.

**To the Driver/Applicant: Pursuant to section 18(1) of *The Drivers and Vehicles Act***

**Please be advised:**

- i You must have this vision report completed by your Ophthalmologist or Optometrist.
- ii If a charting of the visual fields has been requested (as per instructions marked with an "X" on reverse side), please be advised not all eye care practitioners have the necessary equipment to provide the required measurements. It is advised you discuss your eye care practitioner's ability to conduct the required test prior to making the appointment.
- iii Pursuant to Section 18(5) or 18(8) of *The Drivers and Vehicles Act*, your driver's licence is subject to cancellation if you fail to comply within the time specified or, if you have a disease or disability that may interfere with the safe operation of a motor vehicle. It is the driver's responsibility to ensure Driver Fitness receives this report by the specified date.
- iv The cost of a vision report requested by a third party, including any related examination, report, test or telephone call to the ophthalmologist/optometrist is not covered by Manitoba Health and is the responsibility of the individual concerned. If testing requirements are not met, you may be required to have the test repeated and you will be responsible for payment of the second test.
- v Please make sure you complete the "Release of Information" section.
- vi Pursuant to Section 18.2 of *The Drivers and Vehicles Act*, physicians and optometrists are required to report any driver who may have a disease or disability that may be expected to interfere with the safe operation of a motor vehicle.

**Thank you.**

**To the Ophthalmologist/Optometrist:**

Please carefully read the instructions prior to completing this report, and forward it to the address on the reverse side.

For detailed information concerning vision and medical standards, please consult the Canadian Council of Motor Transport Administrators "Medical Standards for Drivers" manual.

Binocular visual field diagrams are required for conditions that may affect field of vision. This includes but is not limited to: glaucoma, diabetic retinopathy, and macular degeneration.

**For completion of visual field testing for drivers with visual field deficits the following should be observed.**

- i Stimulus should be 1000 asb. (equivalent to Goldmann III4e or Humphrey III 10 decibels) and with a background of 31.5 asb.  
**Note:** It is suggested the Esterman Binocular 10db test be used.
- ii Stimulus/intensity used shall be clearly marked on the field diagrams.  
If not tested with Goldmann or Humphrey, indicate how stimulus/intensity relates to the above standard.
- iii Testing must be conducted using a single intensity stimulus and with a minimum of 100 points screened.
- iv Grayscale or decibel plottings are not accepted.

**Thank you for your cooperation.**