# Eye Exam

Driver Name (Last, First): _____

Eye Exam Date: _____

Examining Physician: _____

Physical Date: _____

Restrictions: _____

Vision Summary / Final Comments: _____

**Racing Glasses:**

Years Worn:

RX RT:

RX LT:

Material:

Tint:

PD:

**Reading Glasses:**

Years Worn:

**Other Glasses:**

Glasses/Contacts Comments:

**Racing Contacts:**

Brand:

Years Worn:

Soft:

RX RT:

Gas Perm:

RX LT:

DISP:

B-Curve RT:

Toric:

B-Curve LT:

DW:

TINT:

EW:

**Keratotomy:**

RK Right:

Lasik Right:

RK Left:

Lasik Left:

RK Dates:

Lasik Dates:

PRK Right:

Enhance Right:

PRK Left:

Enhance Left:

PRK Dates:

Enhance Dates:

**Orthokeratology:**

Post Retainer Wear Stability: _____ hrs

Surgery/Ortho Comments:

**Acuity:**

Naked DIST RT:

Naked DIST LT:

RX DIST RT:

RX DIST LT:

**Color Vision:**

DIST RGB:

ISH:

**Stereo:**

VECTO:

TITMUS:

**ANISO:**

RT PUPIL:

LT PUPIL:

ILLUM:

**Fields:**

Field Right:

Field Left:

Description:

**Biomicroscopy:**

SLE Right:

SLE Left:

Comments:

**Fundoscopy:**

RET RT:

C/D RT:

DEPTH RT:

RET LT:

C/D LT:

DEPTH LT:

Comments:

Regular Eye Doctor:

Eye Doctor Phone:

Eye Doctor Street Address:

Country:

City:

State:

Zip: