

Dear Optometrist/Ophthalmologist

RE: Visual Status for Driving for _____

Date of assessment: _____

Class of licence: C class / HR / HC / MC

This client has been referred for an occupational therapy driving assessment Please assess this client according to the General Assessment and Management Guidelines, Vision and Eye Disorders; in the Austroads publication, "Assessing Fitness to drive for commercial and private vehicle drivers" (2022).

Please assess and advise on the following matters:

1. **Visual acuity:** (must meet Austroads minimum standard of binocular vision of 6/12)

Uncorrected	Right: 6/	Left: 6/	Binocular: 6/
Corrected	Right: 6/	Left: 6/	Binocular: 6/

2. **Visual fields** including (where applicable) automatic perimetry testing results – please advise if the client meets the following standards:

Client has a horizontal binocular visual field of at least 110 degrees	Yes / No
Client has a binocular visual field of at least 10 degrees above and below the horizontal midline	Yes / No

Comments: _____

3. **Contrast Sensitivity Test**

Comments: _____

4. **Presence of any other vision impairment:**

Condition	Present	Not present
Cataracts		
Glaucoma		
Macular Degeneration		
Strabismus		
Hemianopia		
Other:		

Comments and impact on driving

5. Does the client meet the visual requirements for a private licence as detailed in the Austroads (2022)
 Yes / No

6. Which licencing standards does your assessment refer to? Please circle: Private / Commercial

7. Your name and contact details: _____

