

Visual Referral Report

The basic vision test given shows that your vision does not meet the required standard, and further testing is necessary. Please present this form to a vision specialist of your choice. (Alberta Infrastructure and Transportation will not refer clients to any particular vision specialist). Following the examination, send the completed form to Alberta Infrastructure and Transportation, Driver Fitness and Monitoring, Main Floor, Twin Atria Building, 4999 - 98 Avenue, Edmonton AB T6B 2X3.

Reason For Referral Client Information and Authorization Name of Client (Last, First, Second) Address Apartment	Date year	·	3 ,		3 ,	,
Name of Client (Last, First, Second) Name of Client (Last, First, Second) Name of Client (Last, First, Second) Apartment Date year month day of sith	year	month day				
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Address	Name of Client	(Last, First, Second)				of
authorize a vision specialist to report their findings to liberta Infrastructure and Transportation, Driver Fitness and Monitoring. Certificate of Examination by a Vision Specialist The person named above has taken the basic vision test and did not meet the standard required to retain an Alberta Operator's Licence. Further vision testing is therefore required. Please complete this form and return it to the client. I,	Address				Apartment	
Iberta Infrastructure and Transportation, Driver Fitness and Monitoring. Certificate of Examination by a Vision Specialist The person named above has taken the basic vision test and did not meet the standard required to retain an Alberta Operator's Licence. Further vision testing is therefore required. Please complete this form and return it to the client. I,	City / Town		Province	Postal Code		Operator's Licence Number
Signature of Client			-			
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In the Province of Alberta, have examined the person named above and find the following: ACUITY RATING Without Glasses With Present Glasses With Best Possible Correction Right Eye 6/ Right Eye 6/ Right Eye 6/ Left Eye 6/ Left Eye 6/ Both Eyes 6/ Both Eyes 6/ Both Eyes 6/ PERIPHERAL VISION Class 1, 2, 3, 4 Class 5, 6 Each Eye Separately Both Eyes Open, Examined Together Right Eye						
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Without Glasses With Present Glasses With Best Possible Correction Right Eye 6/ Right Eye 6/ Left Eye 6/ Left Eye 6/ Both Eyes 6/ Both Eyes 6/ PERIPHERAL VISION Class 1, 2, 3, 4 Class 5, 6 Both Eyes Open, Examined Together Right Eye O Right Eye O Left Eye O Left Eye No. Are corrective glasses recommended for driving purposes?			cxammed the person han	ica above and	a inia tric ronow	mig.
Left Eye 6/ Both Eyes 0/ Class 1, 2, 3, 4 Class 5, 6 Both Eyes Open, Examined Together Right Eye Right Eye Right Eye Left Eye Are corrective glasses recommended for driving purposes?			With Present Glasses	With Best Po	ssible Correction	
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PERIPHERAL VISION Class 1, 2, 3, 4 Class 5, 6 Both Eyes Open, Examined Together Right Eye Right Eye Left Eye Are corrective glasses recommended for driving purposes? Yes No.	Left E	ye 6/	Left Eye 6/	Left Eye	6/	
Class 1, 2, 3, 4 Each Eye Separately Right Eye Right Eye Left Eye Are corrective glasses recommended for driving purposes? Class 5, 6 Both Eyes Open, Examined Together O Right Eye O Left Eye Yes No.	Both E	Eyes 6/	Both Eyes 6/	Both Eyes	6/	
Each Eye Separately Both Eyes Open, Examined Together Right Eye Right Eye Left Eye Left Eye Are corrective glasses recommended for driving purposes? Yes No.	PERIP	HERAL VISION				-
Right Eye		Class 1, 2, 3, 4	Class 5, 6			
Left Eye Left Eye Corrective glasses recommended for driving purposes? Yes No.	Ea	ach Eye Separately				
Are corrective glasses recommended for driving purposes? Yes No.	Right I	Eye ^O	Right Eye			
	Left E	ye ⁰	Left Eye			
	Are correct	ive glasses recomm	ended for driving purposes	? Yes	□ No.	
is there evidence of eye disease or injury? (please explain)		-				
	is there evi	derice or eye diseas	e or injury? (<i>piease expiain)</i>			
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Noting the comments in the "Reason for Referral" box (shaded area above), please report your findings.	Nation 0		and the Deferment of the		aa\ :=!==::	mank was in the all-