



Robert L. Quinn  
Commissioner of Safety

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF SAFETY

Division Of Motor Vehicles  
Stephen E. Merrill Building  
23 Hazen Drive, Concord, NH 03305  
Telephone: 603-227-4050  
TDD Access: Relay NH 7-1-1



John C. Marasco  
Director of Motor Vehicles

**Part A**  
**EYE EXAMINATION**

All applicants for a NH driver license are given simple vision tests by NH-DMV driver licensing personnel. When more accurate measurements are needed or when unusual eye defects seem apparent, the applicant is asked to see an ophthalmologist or optometrist (eye doctor). A report from an eye doctor is particularly important if the fitness of the driver is ever questioned. Please complete and sign this form and have the person being examined sign the form. Only reports from licensed eye doctors will be acceptable. The eye doctor assumes no responsibility other than that of truthfully representing the facts.

**Form only valid for 30 days after optometrist/physician signing.**

(Please print legibly)

NAME OF PERSON BEING EXAMINED: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME OF EYE DOCTOR: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

DATE OF EXAMINATION: \_\_\_\_\_ PERSON'S DATE OF BIRTH: \_\_\_\_\_

<b>VISUAL ACUITY:</b>	<b>WITHOUT LENSES</b>	<b>WITH OLD LENSES</b>	<b>WITH NEW LENSES</b>
RIGHT EYE	20/ _____	20/ _____	20/ _____
LEFT EYE	20/ _____	20/ _____	20/ _____
BOTH EYES	20/ _____	20/ _____	20/ _____

**STATE ADMINISTRATIVE RULES REQUIRE A MINIMUM OF 20/40 VISION WITH BOTH EYES OR 20/30 VISION WITH ONE EYE.**

I \_\_\_\_\_, **RECOMMEND THAT** \_\_\_\_\_  
(Signature of ophthalmologist or optometrist) (Person being examined)

- IS VISUALLY CAPABLE** OF OBTAINING A NH DRIVER LICENSE **WITHOUT CORRECTIVE LENSES**
- IS VISUALLY CAPABLE** OF OBTAINING A NH DRIVER LICENSE WITH **OLD CORRECTIVE LENSES**
- IS VISUALLY CAPABLE** OF OBTAINING A NH DRIVER LICENSE WITH **NEW CORRECTIVE LENSES**
- MAY BE VISUALLY CAPABLE** OF OBTAINING A NH DRIVER LICENSE. (Part C must be completed by a medical doctor)
- IS NOT VISUALLY CAPABLE** OF OBTAINING A NH DRIVER LICENSE.

**Part B**  
**NEW CORRECTIVE LENSES**

NAME OF OPTICIAN: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

I \_\_\_\_\_ **CERTIFY THAT** \_\_\_\_\_  
(Signature of Optician) (Person being examined)

HAD NEW CORRECTIVE LENSES FITTED/INSTALLED ON: \_\_\_\_\_

**PATIENT'S CONSENT:** I hereby give my consent that this information be forwarded to the Director of Motor Vehicles.

\_\_\_\_\_  
(Patient's Signature) DATE \_\_\_\_\_

**Part C**  
**Medical Condition**

**NOTICE TO THE CERTIFYING MEDICAL DOCTOR**

The person requesting your certification of his/her fitness to operate a motor vehicle has been found to possess less than the minimum level of visual acuity usually required for the issuance of a driver license. However, pursuant to SAF-C 1004.08 (reprinted in part below), a person whose visual acuity is determined to be within specific levels may obtain a driver license if the Director of Motor Vehicles determines that he/she is able to safely drive on ALL public highways. Your recommendation and certification of the applicant's ability is one of the criteria which will be considered by the Director in making this determination.

In order for the applicant to be issued a driver license, he/she must receive your UNQUALIFIED certification and recommendation. Accordingly, it is essential that you complete either Section I or Section II of this form. Failure to complete the form in its entirety will result in the rejection of the application.

**If you are unable to give an unqualified certification and recommendation in either Section I or Section II, you should not fill out or sign this form.**

SAF-C 1004.08 Special Visual Acuity Requirements: (a) Notwithstanding any other provision to the contrary, the director shall issue a driver license to an applicant whose visual acuity is between 20/40 and 20/70. (b) No driver license shall be issued to an applicant whose visual acuity is worse than 20/40 in both eyes, or worse than 20/30 if there is vision in only one eye, unless the following has been completed:

- (1) The applicant has submitted form DSMV 61 to the director in accordance with Saf-C 1004.05(b) and (c);
- (2) The applicant has also submitted form DSMV 61, Part C to the director, which has been completed by an eye doctor; and
- (3) The eye doctor has stated the following on form DSMV 61, Part C:
  - (a) That the applicant's visual acuity allows the applicant to safely operate a motor vehicle with or without restrictions;
  - (b) The nature of the hardship which the applicant would be subject to if the applicant is not issued a driver's license;
  - (c) The eye doctor's recommendation that the applicant be issued a driver license; and
  - (d) Any other factors which the eye doctor feels are pertinent.

---

**SECTION I**

I hereby certify that I am familiar with the present medical condition of \_\_\_\_\_, who is an applicant for a New Hampshire driver license. I further certify that said applicant is both physically and mentally capable of safely operating a motor vehicle upon all public highways **WITHOUT RESTRICTION**, other than the use of corrective lenses. I have read the notice and reprinted segment of SAF-C 1004.08. I understand that this certification and recommendation will be used in determining the applicant's eligibility to receive a driver license.

I have read the foregoing statement, and all of the information contained therein is, to the best of my knowledge, true and accurate.

I recommend that the Director of Motor Vehicles issue an **UNRESTRICTED** driver license, other than the use of corrective lenses.

\_\_\_\_\_ M.D.

Dated: \_\_\_\_\_

---

**SECTION II**

I hereby certify that I am familiar with the present medical condition of \_\_\_\_\_, who is an applicant for a New Hampshire driver license. I further certify that said applicant is both physically and mentally capable of safely operating a motor vehicle upon all public highways. **RESTRICTED TO OPERATION DURING DAYLIGHT HOURS ONLY** (one half hour before sunrise to one half hour after sunset). The use of corrective lenses is required.

I have read the notice and reprinted segment of SAF-C 1004.08. I understand that this certification and recommendation will be used in determining the applicant's eligibility to receive a driver license.

I have read the foregoing statement, and all of the information contained therein is, to the best of my knowledge, true and accurate.

I recommend that the Director of Motor Vehicles issue a driver license **RESTRICTED TO OPERATION DURING DAYLIGHT HOURS ONLY** (one half hour before sunrise to one half hour after sunset). The use of corrective lenses is required.

\_\_\_\_\_ M.D.

Dated: \_\_\_\_\_