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**STATE OF MINNESOTA
 DEPARTMENT OF PUBLIC SAFETY**

OPHTHALMOLOGIST EXAMINATION REPORT

Dear Ophthalmologist:

(Patient's name) _____ who appears before you is applying to the Minnesota Department of Public Safety for a waiver from the medical standards for intrastate school bus driver. We must have information as to whether the patient's diabetic condition has had an effect on his/her visual health. Please examine the patient according to the criteria listed below, and answer each question accordingly. Finally, please sign and date the report.

Does this patient have unstable proliferative diabetic retinopathy? YES NO

What is this patient's distant visual acuity (Snellen)? Left: 20/_____ Right: 20/_____

What is this patient's Horizontal Fields in Degree? Left Eye:_____ Right Eye:_____ Both Eyes:_____

Is this reading with or without corrective lenses? WITH WITHOUT

Is the patient's visual acuity stable? YES NO

 Ophthalmologist's name (please print)

 Office/clinic name and telephone number

 Signature

 Date of examination
 Must have been examined within preceding six months.