MV-619 (3/13)

New York State Department of Motor Vehicles

VISION TEST REPORT

TO THE DRIVER LICENSE CUSTOMER: To improve customer service, some vision test providers have enrolled in DMV's Vision Registry, which enables them to submit vision test results to DMV electronically. A list of providers who are enrolled in DMV's Vision Registry can be found at dmv.ny.gov/licrenew. If you visit one of those providers for your required vision test, you do not have to use this form to apply for or renew your license, including when you renew by mail or online. However, your provider may choose to complete this report. This report must be completed if you use a provider who is not in DMV's Vision Registry. To avoid a trip to DMV, you can mail the completed report with your license renewal application (form MV-2) or use it if you renew your license at dmv.ny.gov/licrenew.

TO THE PROVIDER: This form should be used only for patients who are able to achieve a minimum Snellen Test score of 20/40 with one or both eyes, with or without the use of corrective lenses (refer to "NOTE" at the bottom of this page). Vision test results can be entered on this form by a licensed physician, physician's assistant, registered nurse, nurse practitioner, optician, optometrist, ophthalmologist, or supervised staff of any of these providers. To enroll in DMV's Vision Registry, please visit dmv.ny.gov/visionprovide.htm.

INSTRUCTIONS FOR THE PROVIDER:

Important: Pharmacists and organizations authorized by DMV to conduct tests MUST NOT use this form

1. PRINT in ink or TYPE all information below (*except for signatures).*
2. Be sure to enter the patient's name exactly as it appears on the driver license.
3. Have the patient sign his/her full name in box number 8.
4. In most situations, this report is valid for 12 months from the date of examination. However, based on the results of the test and on an optometrist's or ophthalmologist's assessment of the patient's visual health, the person who administers the test can specify that this report be valid only for 6 months from the date of the examination. The appropriate box in number 11 must be checked.
5. Sign your name in full, and provide your professional license number, in box number 12.
6. Give this report to the patient. Do not mail this report.

1. Patient's Last Name	First	M.I.	2. Date of Birth *(Mo./Day/Yr.)* / /	3. Sex ☐ M ☐ F
4. Patient's Address (Number and Street)				Apt. #
City			State	Zip Code
5. Optometrist or Ophthalmologist only. Best Vision Test Score (Snellen) with or without corrective lenses. Right	Left	Both	6. Date of Examination *(Mo./Day/Yr.)* / /	
7. Did the patient wear corrective lenses to achieve a Snellen Test score of 20/40 with one or both eyes? ☐ YES ☐ NO				
8. Patient's Signature (Sign Name in Full) Sign Here _____				

I have examined the patient described above, and have accurately reported my findings from that examination on this form.

9. Name and Title of Provider		
10. Provider's Address (Number and Street)		
City	State	Zip Code
11. Optometrist or Ophthalmologist only. This report is valid for up to (check one) ☐ 12 months ☐ 6 months from the date of examination.		
12. Provider's Signature (Sign Name in Full) Sign Here _____		Professional License. No. _____

NOTE: For patients whose best corrected vision is less than 20/40 but not less than 20/70, and for patients who wear telescopic lenses, complete form MV-80L and mail it to the address on that form. The MV-80L can be downloaded from the DMV website at www.dmv.ny.gov/forms/mv80L.pdf or by calling:

- **Metropolitan New York City**
  From the **212, 347, 646, 718, 917** or **929** area codes:
  (212) 645-5550 or **(718) 966-6155**
- From the **516, 631, 845, 914** area codes:**(718) 477-4820**
- From **Upstate New York (all other area codes) (518) 486-9786**
- From **out of New York State: (518) 473-5595**
- **TDD: 1-800-368-1186 from anywhere in New York**