

Department of Road Transport and Safety



DL 8

**EYE-TEST FORM**  
(Amended regulation 8/2003)

Name of Applicant (please print):

Licensing station (please print):

Test format:

without glasses:

with glasses or contact lenses:

One functional Eye (0.6-6/10):

Legal Visual Acuity:	Group 1 (with glass: 0.5/0.5)				Group 2 (with glass: ± 4.0) 0.8/0.5				Group 1 (with glass: 0.5/0.5)		Group 2 (with glass: ± 4.0) 0.8/0.5	
	A1	A	B	EB	C1	C	EC1	EC	F	H	PrDP "P", "G", "H"	
Licence Class:												

SNELLEN RATING:		0.1=6/60	0.2=6/30	0.3=6/22	0.4=6/15	0.5=6/12	0.6=6/10	0.7=6/9	0.75=6/8	0.8=6/7	1.0=6/6	1.2=6/5	2.0=6/3
Normal Acuity	LEFT	1	2	3	4	5	6	7	8	9	10	11	12
	RIGHT	1	2	3	4	5	6	7	8	9	10	11	12
	BOTH	1	2	3	4	5	6	7	8	9	10	11	12
Field of vision	Face radius (120° horizontal):					Temporal: R =			L =				
	Face radius (40° vertical):					Nasal:							

Name of Licensing officer (please print):

Officer's signature:

Passed the Eye-test:

Advised to see an Eye Doctor:

Date:

**(Expert Result)**

Clinic / Name of Eye Doctor (Please print):

Patient has passed the legal requirements:  YES  NO

Patient should use corrective Lenses for driving:  YES  NO

Patient requires further treatment:  YES  NO

Patient needs to be re-tested:  YES  NO

STAMP, DATE and SIGNATURE of Eye Doctor:

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