



Eye Examination Report

for Drivers Only

PERSONAL INFORMATION

Last Name

First Name

Middle Initial

USTA Member Number

Permanent Address

City

State/Province

Zip Code

Are you a new driver applicant? YES NO

EXAM INFORMATION

Exam date: ____/____/____ (Must be no more than three months old.)
Month Day Year

Visual Acuity For Distance		
	Without Glasses	With Glasses
Right Eye	20/	20/
Left Eye	20/	20/
Both Eyes	20/	20/
Does this person need/wear glasses for driving a horse*? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<small>*Per USTA Rule 17.05(i), exam must show a minimum of 20/40 corrected vision in both eyes or if blind in one eye at least 20/30 corrected vision in the other eye.</small>		

Must be signed by a licensed optometrist or ophthalmologist.

Name of Examining Doctor

Please print

Signature



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