



Eye Examination Report

for Drivers Only

PERSONAL INFORMATION

Last Name

First Name

Middle Initial

USTA Member Number

Permanent Address

City

State/Province

Zip Code

EXAM INFORMATION

Are you a new driver applicant? YES NO

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? YES NO

Must be signed by a licensed optometrist or ophthalmologist.

Name of Examining Doctor

Please print

Signature

FOR OFFICE USE



U.S. Trotting Association

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DR/OFF5 10/14