

Corrective Lens Waiver Form

Restrictions on your current State driver's license indicate you must wear corrective lenses when operating a motor vehicle.

The purpose of this form is to validate that you are wearing contacts instead of glasses, or have had recent surgery to correct your vision.

Check which applies:

I _____ am wearing contact lenses instead of glasses.
(Full Name)(Print)

.

I _____ have had surgery to correct my vision and no longer
(Full Name)(Print) require corrective lens to drive.

Note: Most State DMVL's requiring the driver to append their license after this occurs.

(Signature)

(Date)

(DSI, Ad-Hoc DSI, RTE Signature)

(Date)

Distribution –
IRT file if person fails IRT
Otherwise, Servicing Medical Unit

(Developed and shared by San Diego DSIs as a Safe Driver Program best practice)