



**SECTION 4. VISUAL ACUITY**

RIGHT EYE	CORRECTED:	LEFT EYE	CORRECTED:
	UNCORRECTED:		UNCORRECTED:

**SECTION 5. TO BE COMPLETED BY OPHTHALMOLOGIST IF APPLICANT HAS INSULIN-TREATED DIABETES MELLITUS (ITDM). (OPTOMETRIST IS NOT ACCEPTABLE IF APPLICANT HAS DIABETES.)**

A	YES <input type="checkbox"/> NO <input type="checkbox"/>	DOES THE APPLICANT HAVE ANY EVIDENCE OF DIABETIC RETINOPATHY (I.E., DISEASE OF BLOOD VESSELS IN THE RETINA)? EXPLAIN:

B	YES <input type="checkbox"/> NO <input type="checkbox"/>	DOES THE APPLICANT HAVE ANY EVIDENCE OF DIABETIC RETINOPATHY, HE OR SHE MUST BE EXAMINED BY A <b>BOARD-CERTIFIED, OR BOARD-ELIGIBLE ENDOCRINOLOGIST.</b> EXPLAIN:

C <input type="checkbox"/>	FIELD OF VISION - PLEASE GIVE A BRIEF DESCRIPTION OF THE APPLICANT'S MEDICAL CONDITION FOR WHICH A SKILL PERFORMANCE EVALUATION CERTIFICATE IS NECESSARY. ←CHECK BOX TO CONFIRM COMPLETION.

D <input type="checkbox"/>	IS THE PHYSICIAN FAMILIAR WITH THE APPLICANT'S MEDICAL HISTORY THROUGH ACTUAL TREATMENT? ←CHECK BOX TO CONFIRM COMPLETION.
<input type="checkbox"/> YES - HOW LONG?	<input type="checkbox"/> NO - EXPLAIN:

E <input type="checkbox"/>	VISION PROFESSIONAL MUST ATTACH FORMAL PERIMETRY THAT IDENTIFIES THE FIELD OF VISION OF EACH EYE, INCLUDING CENTRAL AND PERIPHERAL FIELDS, TESTING TO AT LEAST 120° IN THE HORIZONTAL FOR EACH EYE, AS WELL AS AN INTERPRETATION OF THE RESULTS IN DEGREES OF FIELD OF VISION. ←CHECK BOX TO CONFIRM THAT THE COMPLETED FORMAL PERIMETRY AND INTERPRETATION REPORT IS ATTACHED.
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**SECTION 6. VISION PROFESSIONAL'S CERTIFICATION**

A	YES <input type="checkbox"/> NO <input type="checkbox"/>	I CERTIFY THAT, IN MY MEDICAL OPINION, THE APPLICANT'S VISUAL DEFICIENCY IS STABLE AND HAS SUFFICIENT VISION TO PERFORM THE DRIVING TASKS REQUIRED TO OPERATE A COMMERCIAL MOTOR VEHICLE, AND THAT THE APPLICANT'S CONDITION WILL NOT ADVERSELY AFFECT HIS/HER ABILITY TO OPERATE A COMMERCIAL MOTOR VEHICLE SAFELY.
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**SECTION 7. DRIVER-APPLICANT'S CERTIFICATION AND VERIFICATION**

I CERTIFY THAT, EXCEPT FOR THE PHYSICAL CONDITION(S) INDICATED ABOVE, I AM OTHERWISE FULLY QUALIFIED UNDER PART 391 ("QUALIFICATION OF DRIVERS") OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (TITLE 49, CODE OF FEDERAL REGULATIONS) TO DRIVE AND OPERATE COMMERCIAL MOTOR VEHICLES.

I CERTIFY THAT I HAVE DISCLOSED TO ALL MEDICAL PROFESSIONALS WHO ARE IDENTIFIED IN THIS FORM AND ALL ATTACHMENTS, THE FULL, TRUE AND CORRECT INFORMATION CONCERNING MY MEDICAL HISTORY AND MY PRESENT PHYSICAL CONDITION.

I EXPRESSLY AUTHORIZE THE MISSOURI DEPARTMENT OF TRANSPORTATION, THE MISSOURI HIGHWAYS AND TRANSPORTATION COMMISSION, AND THEIR AUTHORIZED PERSONNEL, TO FURTHER INVESTIGATE MY QUALIFICATIONS, AND I AUTHORIZE ALL PHYSICIANS, HOSPITALS, PHARMACIES, AND ALL OTHER HEALTH CARE PROVIDERS OR HEALTH INSURERS TO ALLOW ACCESS AND PROVIDE COPIES OF ALL OF MY PERSONAL MEDICAL RECORDS TO AUTHORIZED PERSONNEL OF THE MISSOURI DEPARTMENT OF TRANSPORTATION OR THE MISSOURI HIGHWAYS AND TRANSPORTATION COMMISSION FOR THESE PURPOSES.

I CERTIFY THAT IF ANY INFORMATION PROVIDED TO MoDOT IN RELATION TO THIS APPLICATION, INCLUDING (BUT NOT LIMITED TO) MY ADDRESS, PHYSICAL CONDITION, DRIVING RECORD, LICENSE STATUS, OR ANY OTHER PERTINENT INFORMATION, SHALL CHANGE OR BECOME INCORRECT AFTER THIS DATE, THEN I WILL IMMEDIATELY FILE AMENDED OR SUPPLEMENTAL INFORMATION, SO THAT ALL RELEVANT INFORMATION PROVIDED TO MoDOT IS KEPT CURRENT AND ACCURATE.

I UNDERSTAND THAT, IF A SPE CERTIFICATE IS ISSUED TO ME, THEREAFTER MODOT MAY SUSPEND AND REVOKE ANY SPE CERTIFICATE ISSUED TO ME IF I VIOLATE OR FAIL TO COMPLY WITH ANY APPLICABLE TRAFFIC LAWS, REGULATIONS OR ORDERS, OR ANY CONDITIONS STATED IN MY SPE CERTIFICATE, OR IF I AM INVOLVED IN ANY TRAFFIC ACCIDENT OR CRASH WHILE DRIVING ANY MOTOR VEHICLE.

**I FURTHER DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSOURI AND THE UNITED STATES OF AMERICA THAT ALL THE INFORMATION STATED IN THIS APPLICATION AND ALL ATTACHED INFORMATION ARE TRUE AND CORRECT.**

APPLICANT'S SIGNATURE	DATE SIGNED:
APPLICANT'S NAME (Printed)	

**SECTION 8. VISION PROFESSIONAL'S VERIFICATION**

**I FURTHER DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSOURI AND THE UNITED STATES OF AMERICA THAT ALL THE INFORMATION STATED IN THIS APPLICATION AND ALL ATTACHED INFORMATION ARE TRUE AND CORRECT.**

VISION PROFESSIONAL'S NAME (Printed)	
VISION PROFESSIONAL'S SIGNATURE	DATE SIGNED: