



BIOPTIC DRIVING RE-EVALUATION FORM

Bureau of Driver Licensing, P.O. Box 68682, Harrisburg, PA 17106-8682 • (717) 787-9662 • medical@pa.gov

PATIENT INFORMATION (Please complete this form in its entirety)

DRIVER'S LICENSE NO.		LAST NAME(S)			JR. ETC	FIRST NAME	
HEIGHT	SEX	EYE COLOR	DATE OF BIRTH		TELEPHONE NUMBER		E-MAIL (if applicable)
FEET	INCHES		MONTH	DAY	YEAR	()	
STREET ADDRESS: P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.					CITY		STATE ZIP CODE

- Did individual obtain a minimum of 20 hours behind the wheel training using a bioptic telescope with a PennDOT approved CDI/CDRS Low Vision Rehabilitation Professional? ☐ YES ☐ NO
- Is this individual an experienced driver with a minimum of 3 years of bioptic driving experience and may waive the 20 hour behind the wheel training?. ☐ YES ☐ NO
- Did the individual complete a minimum of 45 hours of observed driving with a licensed driver who is at least 21 years of age? Five hours of driving in adverse weather must be included in the 45 hours. . . . ☐ YES ☐ NO
- Is this individual an experienced driver with stable visual acuity and fields of vision that may waive the 45 hours of observed driving? ☐ YES ☐ NO
- Does this individual require a limited radius when driving? ☐ YES ☐ NO
5a. If yes, what specific distance should the radius be? _____
- In the re-evaluation of this individual, do you feel they are ready to take their on-road skills test? ☐ YES ☐ NO
6a. If no, please state reason the individual is not ready _____

LOW VISION REHABILITATION PROFESSIONAL INFORMATION (Please print or type)

LOW VISION REHABILITATION PROFESSIONAL NAME		SPECIALTY		LOW VISION REHABILITATION PROFESSIONAL NUMBER	
STREET ADDRESS		CITY		STATE	ZIP CODE
TELEPHONE NUMBER ()		FAX NUMBER ()			
<p>I hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief. I understand that the statements made herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) punishable by a fine up to \$2,500 and/or imprisonment up to 1 year.</p>					
_____ Low Vision Rehabilitation Professional Signature				_____ Date	