DL-72BD (11-23)



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 (P DRIVER'S LICENSE NO.			-				JR. ETC	FIRST NA	FIRST NAME		
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Yf Individual an experienced driver with a minimum of 3 years of bioptic driving experience yay waive the 20 hour behind the wheel training? Yf Individual complete a minimum of 45 hours of observed driving with a licensed driver who is to 12 years of age? Five hours of driving in adverse weather must be included in the 45 hours. Yf Individual an experienced driver with stable visual acuity and fields of vision that may waive the rs of observed driving? Yf Individual require a limited radius when driving? Yf what specific distance should the radius be? Yf e-evaluation of this individual, do you feel they are ready to take their on-road skills test? Yf o, please state reason the individual is not ready LOW VISION REHABILITATION PROFESSIONAL INFORMATION (Please print or type) REHABILITATION PROFESSIONAL INFORMATION (Please print or type) LOW VISION REHABILITATION PROFESSIONAL NAM

Low Vision Rehabilitation Professional Signature