

**Vision Screening Results for Online Renewal Only**

*(vision screening cannot be older than 6 months)*

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

North Dakota Drivers License Number: \_\_\_\_\_

**Acuity Vision**

*Actual Vision Without Correction:* Right Eye 20/\_\_\_\_ Left Eye 20/\_\_\_\_

Both Eyes together 20/\_\_\_\_

*Vision Corrected To:* Right Eye 20/\_\_\_\_ Left Eye 20/\_\_\_\_

Both Eyes together: 20/\_\_\_\_

Date of Vision Screening: \_\_\_\_\_

Signature of Eye Specialist/Examiner \_\_\_\_\_

Phone Number of Specialist/Examiner \_\_\_\_\_