2				Depart	ment of R	Road Tra	insport a	ind Safet	У		A State of the Sta		DL 8
	4.					E-TEST	FORM ion 8/2003)					-	
Name of App	olicant (ple	ease print)						Lice	ensing :	station (olease print):		3
Test format: without glasses:						wit	with glasses or contact lenses: One functional Eye (0.6=6/10):						
Legal Visual Acuity: Licence Class:		Group 1 (with glass: 0.5/0.5)				Group 2 (with glass: ± 4.0) 0.8/0.5				Group 1 (with glass: 0.5/0.5)		Group 2 (with glass: ± 4.0) 0.8/0.5	
		AI A B E		EB	C1 C EC1 EC			F	Н	B-DB 40" 40"			
NELLEN RATING	<u>.</u>	0.1-6/60	0.2-6120	0.3=6/22	0.4-045	0.5-040	0.000		0 35 00 V				
lormal Acuity	LEFT	1	2	3	0.4=6/15 4	0.5=6/12 5	0.6=6/10 6	0.7=6/9 7	0.75=6/8 8	0.8=6/7 9	1.0=6/6	1.2=6/5 11	2.0=6/3
Official Acuity	RIGHT	1	2	3	4	5	6	7	8	9	10	11	12
	BOTH.	1 (120) 5 2 2	2	3	4	5	6	7	8	9	10	11	12
eld of vision	Face radius Face radius	(40° ven				Nas	ooral: sal:	R=			L=		
ama of Licens				1				Tam .					
ame of Licens assed the Eye		(please print).		Advisad 6	o see an E	ivo Doots		Officer's	signatur Date				
200cu trie Lye	-test.	,		Auviseu (o see an E		rt Resul	(†)	Date	•			· · · · · · · · · · · · · · · · · · ·
inic / Name of	Eye Docto	Or (Please pri	nt):		-	(ZAPC)	Treour	1 —		-			
ationt has nas	and the lea	ol roguiro		_	VEC		NO						
atient has pas	sed the leg	ai require	ments:	L	→ YES		NO						
atient should u	se correcti	ive Lense	s for driv	ving:	☐ YES		NO		STAMP, D	ATE and	SIGNATUI	RE of Eye D	octor:
atient requires	further trea	atment:		(YES		NO	1					
					0		. 110						*
atient needs to	be re-lest	ea.			YES		NO						
				Depar	tment of	Road Tr	ansport	and Safe	ty		3.V/		DL.
	4.						FORM tion 8/2003					,	
Name of Ap	plicant (p	lease print):							ensing	station	(please print):		9
Test fo	rmat:	17	withou	ut glasse	s: 🗆	w	ith glasse	es or conta	ct lenses	:	One fund	ctional Eye (0.6=6/10):
			7	roup 1									
Legal Visual Acuity:						Group 2				Group 1 (with glass:		Group 2 (with glass: ±4.0)	
en vineta n j et vinet i lander til til kallet state state.	(with glass: 0.5/0.5)				(with glass: ± 4.0) 0.8/0.5			1/0.5	0.5/0.5)		0.8/0.5		
Licence Class:		A1	A	В	EB	C1	С	EC1	EC	F	н	PrDP,	'P", "G", "H"
SNELLEN RATIN	IG:	0.1=6/60	0.2=6/3	0 0.3=6/2	2 0.4=6/15	0.5=6/12	0.6=6/10	0.7=6/9	0.75=6/8	0.8=6/7	1.0=6/6	1.2=6/5	2.0=6/3
Normal Acuity	LEFT	1	2	3	4	5	6	7	8	9	10	11	12
	RIGHT	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED AND ADDRESS	2	3	4	5	6	7	8	9	10	11	12
	BOTH.	1 s (120° ho	izontal):	3	4	5 Ten	6 nporal:	R=	8	9	10 L=	11	12
Field of vision	THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUM	is (40° ve					asal:	 ``-			<u>-</u> -	and the second s	
lame of Licen	eina office			1	- Automorphism - Auto			low.					
Name of Licensing officer (please print). Passed the Eye-test: Advised to see an E						Eve Door	Officer's signature: ve Doctor: Date:						
Locot the Ly	_ 1001.			Advised	to see an		ert Resu	ilt)	Date	· · · · · · · · · · · · · · · · · · ·	***		*
Clinic / Name o	of Eye Doc	tor (Please p	orint):			LAPE		"		Non-particular and a	***************************************		
Patient has pa	ssed the le	gal requir	ements:		☐ YES		NO						
Patient should	use correc	tive Lens	es for dr	iving:	☐ YES		NO NO		STAMP,	DATE and	SIGNATU	JRE of Eye [Doctor:
Patient require	s further tr	eatment:			C YES	. \sqsubset), NO .			• *			
Patient needs t	o be re-tes	sted:			☐ YES		ON		4				