

SCHOOL BUS DRIVER VISUAL ACUITY TEST

Driver Name _____

Address _____
City, State, Zip Code

School _____

Date _____
(not to exceed 12 months from DOT physical)

Visual Acuity Test Readings

Right Eye 20/ _____	Left Eye 20/ _____	Both Eyes 20/ _____
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1 CCR 301-26, 4204-R-205.01 (f) states: "School transportation vehicle operators shall have visual acuity corrected to at least: Right – 20/30, Left – 20/30, Both – 20/30 as found by any standard means."

_____ With Corrective Lens

_____ Without Corrective Lens

(Signature of Tester)