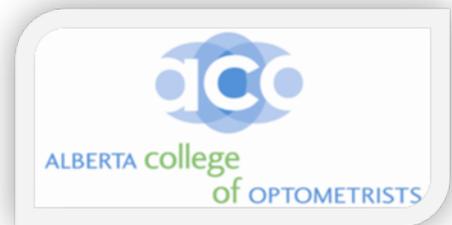




# VISION STANDARDS FOR A DRIVER'S LICENSE

Effective March 1, 2015



# Vision Standards For a Driver's License

Alberta currently enforces the Canadian Council of Motor Transport Administrators (CCMTA) Driver Fitness Programs and the CCMTA Medical Standards for Drivers. The CCMTA is an organization comprised of representatives from the Federal Government and all provinces and territories. CCMTA's Vision is to have the safest and most efficient movement of people and goods by road in the world.

In the past, all medical standards were based on the "diagnostic model" (i.e. standards were based on how a medical condition may affect the functions necessary to drive safely for the vast majority of those with the condition – not the specific individual).

The current CCMTA Medical Standards are based on an individual's functional ability to drive (i.e. how the individual's medical condition affects that specific individual's ability to drive safely by examining the individual's ability to compensate for the condition). Therefore, the CCMTA Vision Standards listed below are considered a starting point for decision-making, but they may be waived depending on how the specific individual compensates for their vision or medical condition.

The Alberta College of Optometrists recommends that all optometrists follow the CCMTA Vision Standards and deviate only in those special and rare circumstances where a driver exhibits exceptional ability to compensate for their condition.

For a full and detailed description of all medical standards, please visit:

<http://ccmta.ca/en/publications/resources-home/item/determining-driver-fitness-in-canada-september-2013>

We wish to acknowledge the CCMTA and Alberta Transportation for their previously published Vision and Medical Standards for Drivers.

## **Goals**

It is the goal of every optometrist to:

1. Be familiar with the CCMTA Vision Standards for Driver's and be able to make an informed decision on your patient's ability to drive safely.
2. Collaborate and communicate with provincial licensing authorities, patients, legal guardians and/or other health care practitioners involved in the patient's care on an individual patient's ability to drive safely.

## **General Guideline**

1. Although, optometrists are not required by law to report patients who do not meet provincial drivers vision standards, it is recommended that they communicate with the provincial driver licensing authorities, patient, legal guardian, other health care practitioners involved in the patient's care on how the patient's condition affects their visual acuity, visual field, contrast sensitivity, glare recovery and/or perception and thus, their ability to drive safely as per Section 1.8 of the ACO Standards of Practice.

## **Vision Standards**

	Class 1	Class 2	Class 3	Class 4	Class 5	Class 6	Class 7
Type of Vehicle	Tractor Semi-Trailer	Large Bus	Single Vehicle with 3 or more axles	Small Bus, Taxi, Ambulance or Police	Regular License	Motorcycle License	Learner's License
Minimum Age	18	18	16	18	16	16	14
Minimum Visual Acuity	6/9 with worse eye not less than 6/30	6/9 with worse eye not less than 6/30	6/9 with worse eye not less than 6/30	6/12 with worse eye not less than 6/60 (taxi) or 6/30 (emergency vehicles)	6/15	6/15	6/15
Visual Field Loss  Both eyes open and examined together	150 degrees horizontal and 20 degrees vertical	150 degrees horizontal and 20 degrees vertical	150 degrees horizontal and 20 degrees vertical	120 degrees horizontal and 15 degrees vertical for a taxi.  150 degrees horizontal and 20 degrees vertical for emergency vehicles	120 degrees horizontal and 15 degrees vertical	120 degrees horizontal and 15 degrees vertical	120 degrees horizontal and 15 degrees vertical

## **Specific Guidelines**

1. **Low Vision and Telescopic Visual Aids** – No low vision or telescopic aids can be used to meet the Alberta Driver Vision Standards.
2. **Stereoscopic Depth Perception** – No minimum requirement; however, the driver must be able to compensate for any loss of stereoscopic depth perception.
3. **Diplopia** – The diplopia must be corrected using prism lenses so the driver no longer has diplopia within the central 40 degrees of primary gaze and is able to compensate for any loss of functional ability required to drive safely; or, be able to drive safely with monocular vision.
4. **Nystagmus** – No minimum requirement; however, the driver must be able to compensate for any vision impairment caused by the nystagmus.
5. **Colour Vision** – No minimum requirement; however, drivers must be able to discriminate between different traffic lights.
6. **Static Visual Acuity** – Each eye must be tested separately using a Snellen Chart (or equivalent) at the distance appropriate for the chart under bright photopic lighting conditions of 275 to 375 lux (or greater than 80 candelas/m). Although, dynamic visual acuity is considered more relevant to driving, it is not used as an indicator of driving performance due to the limited research on appropriate minimum standards.
7. **Visual Field** – Acceptable testing procedures include:
  - a) A Confrontational Visual Field is considered a screening test only. It must be performed at a distance of approximately 0.6m (2 feet) with the examiner's eyes at the same level as the examinee. If a defect is detected, the driver must be referred to an optometrist or ophthalmologist for an appropriate computerized visual field assessment.
  - b) A full visual field assessment includes: Goldmann III/4e and V4e isopters, Humphrey Esterman, Humphrey 120, 135 or 246 point screening, Medmont 700 Driving Field or other equivalent visual field test. *(Please note: the Goldmann, Esterman and Humphrey 135 are the only tests that will test 150 degrees of horizontal vision as required for professional Class 1 to 4 drivers).*
8. **Contrast Sensitivity** – Contrast sensitivity is often a better indicator of visual performance in driving than Snellen acuity. Depending on the cause, a loss of contrast sensitivity may or may not be associated with a corresponding loss of visual acuity. Declines in contrast sensitivity are usually associated with normal aging. Acceptable testing procedures include: Pelli-Robson contrast sensitivity chart, either the 25% or 11% Regan low-contrast acuity chart, Bailey-Lovie low-contrast acuity chart or the VisTech contrast sensitivity test.

**9. Minimum Frequency of Medical Review:**

- a) Class 1, 2, 3, 4
  - On application
  - At least every 5 years to age 45
  - Thereafter every 3 years to age 65
  - Annually at age 65 and older
- b) Class 5 & 6
  - At age 75 and 80
  - Every 2 years over age 80

10. **Exceptional Cases** – If an optometrist believes a patient (who does not meet the minimum vision standard) is able to compensate for their impairment adequately to drive safely, the matter should be referred to Driver Fitness, Alberta Transportation for a final decision. In order to assist in the decision, the following information should be forwarded:

- Favorable report from the optometrist
- Good driving record
- Stability of the condition
- No other significant medical contraindication
- Other references (e.g. professional, employment, etc.)
- Functional assessment

## **References**

1. The Canadian Council of Motor Transport Administrators Medical Standards for Drivers <http://ccmta.ca/en/publications/resources-home/item/determining-driver-fitness-in-canada-september-2013>
2. The Alberta *Traffic Safety Act* and its Regulations replaced the *Highway Traffic Act*, *Motor Vehicle Administration Act* and its Regulations on May 20, 2003. It can be accessed at <http://www.qp.alberta.ca/>