

**Static Visual Field Defects
Exceptional Cases Criteria Checklist**

To be completed by the licence applicant

Name of Licence Applicant	
Address	
Date of Birth	
Driver Number	

To the Doctor/Optician

The above-named person wishes to apply for a Northern Ireland driving licence. As they suffer from a static visual field defect, their application may only be considered if they meet the exceptional cases criteria, set out in Assessing Fitness to Drive – a guide for medical professionals.

The exceptional cases criteria are set out in the form accompanying this letter. You should indicate whether your patient meets ALL the criteria. On completion, please return the form to the patient. The patient will be responsible for payment of any fee involved in the completion of the form.

DVA Medical Section

Safer Drivers, Safer Vehicles



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To be completed by the doctor/optician

Name of Patient	
Date of birth	

	Yes	No
1 Has the visual field defect been present for at least 12 months?	☐	☐
2 Has the visual field defect been caused by an isolated event or a non-progressive condition? If NO, please provide details	☐	☐
3 Is there any other condition or pathology regarded as progressive and likely to be affecting the visual fields? If YES, please provide details	☐	☐
4 Does the person have sight in both eyes?	☐	☐
5 Does the person suffer from uncontrolled diplopia?	☐	☐
6 Does the person have any other visual function impairment (including glare sensitivity, contrast sensitivity or impairment of twilight vision)? If YES, please provide details	☐	☐
7 Does the person have full functional adaptation to the visual field defect? If NO, please provide details	☐	☐

Name of Doctor/Optician	Doctor/Optician Practice Stamp
Signature	
Date	

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