Driver & Vehicle Services

Mailing Address:
445 MINNESOTA ST., SUITE 180
ST. PAUL, MN 55101-5180
Phone: (651) 297-5029 | TTY: (651) 282-6555
Fax: (651) 282-2110
Email: dvs.sb.pre-app@state.mn.us

Print Form

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC SAFETY

HOW DO I OBTAIN A VISION WAIVER TO DRIVE A SCHOOL BUS OR TYPE III SCHOOL BUS IN MINNESOTA?

Step 1:

If you have not already done so, you must have a medical examination by a licensed physician at some point within the two years preceding the date of application to assure that you have no other disqualifying medical conditions. The complete medical examination must include a review of all items listed in Code of Federal Regulations, title 49, section 391.41.

Include a copy of the **MEDICAL EXAMINATION REPORT-For Commercial Driver Fitness Determination** with your waiver application.

Step 2: Complete the attached **School Bus and Type III School Bus Driver Medical Waiver Application**.

Step 3: Submit ***one*** of the following:

1. A legible copy of both sides of your current commercial driver's license, *OR*
2. A legible copy of both sides of the license you last possessed to operate a commercial motor vehicle, *OR*
3. A certification from the State licensing agency showing the type and effective date of the most recent license you have held.

Step 4: Complete the attached **Vision Waiver Application.**

Step 5:

You must have an eye examination performed by an **Optometrist or Ophthalmologist** and attach the **Optometrist or Ophthalmologist Report** dated within the past six months**.**

After these steps have been completed, forward all application information for the vision waiver to the address above. The information will be reviewed and you will be notified of the department's decision by mail. If a waiver is issued, you must comply with its terms and conditions.

NOTE: If you have been granted a waiver by the regional director of Motor Carriers from Code of Federal Regulations, title 49, section 391.41, (b) (1) or (2) (loss of a limb or limb impairment), an original or photo copy of the waiver issued by the United States Department of Transportation may be submitted in lieu of the state limb impairment waiver.

Incomplete applications will be returned and may result in a waiver not being issued.

MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES

School Bus and Type III School Bus Driver Medical Waiver Application

- This application is to be used for waiver requests of the requirements in Minnesota Rules 7414.1200 and Code of Federal Regulations, title 49, section 391.41.
- Additional application information and forms must be completed if the condition involves a limb impairment, insulin-dependent diabetes, or vision. No waiver is granted for the hearing requirement.
- ***Incomplete applications will be returned and may result in a waiver not being issued.***
- Attach additional information as needed.
- If you have questions or need additional information, please contact DVS at (651) 297-5029 or (651) 282-6555 (TTY)

Print this completed form and submit to Driver and Vehicle Services via: Email: dvs.sb.pre-app@state.mn.us, Fax: (651) 282-2110, *or* **Mail or Deliver in person:** Driver and Vehicle Services, 445 Minnesota Street, St. Paul, Minnesota 55101-5180

I am applying for a waiver of the medical condition described in this application, as provided for in Minnesota Rule 7414.1410. Except for the condition described herein, I am otherwise medically qualified to operate a school bus or Type III school bus within the state.

A. Driver Applicant Information

Full Name _____ Date of Birth (mm/dd/yy) _____

Street Address _____ City / State / Zip Code _____

Driver's License Number _____ License Expiration Date (mm/dd/yy) _____

Daytime Phone (include area code) _____ Email Address _____

B. Medical Condition Information

1. Specify the physical qualifications for which a waiver is requested.

2. Describe your disability or impairment.

3. Describe the school bus or Type III school bus you intend to drive, including passenger capacity and gross vehicle weight, if known.

4. Estimate the period of time, per day, that you will be driving and on duty.

5. Provide your driving record for the last three years, including driving records from other states, if applicable.

6. Provide the medical examination performed according to Minnesota Rules part 7414.1200 and Code of Federal Regulations, title 49, section 391.41 -- and a copy of the certificate from the examining physician attesting that you are otherwise qualified, except for the disability or impairment for which a waiver is requested.

7. Provide a copy of your road test as prescribed by Driver and Vehicle Services.

8. Describe the alternative measures; modification of policies, practices, or procedures; or the provision of auxiliary aids or services that will be taken to ensure there is no significant risk to the health and safety of the public and pupils, should the waiver be granted.

X _____ _____

Waiver Applicant's Signature Date (mm/dd/yy)

Attach additional information as needed.

MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES

Vision Waiver Application

- This application is to be used for a waiver request of the requirements in Minnesota Rules 7414.1200 and Code of Federal Regulations, title 49, section 391.41.
- Except for the vision impairment described herein, I certify that I am otherwise medically qualified to operate a school bus or Type III school bus within the state.
- ***Incomplete applications will be returned and may result in a waiver not being issued.*** Attach additional information as needed.
- If you have questions or need additional information, please contact DVS at (651) 297-5029 or (651) 282-6555 (TTY)

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A. Driver Applicant Information

Full Name

Date of Birth (mm/dd/yy)

Street Address

City / State / Zip Code

Driver's License Number

License Expiration Date (mm/dd/yy)

Daytime Phone (include area code)

Email Address

B. Vision Condition Information

I had an eye examination performed by an **Optometrist or Ophthalmologist** within the past six months.
Attached is the **Optometrist or Ophthalmologist Report** that:

1. Identifies my visual deficiency.
2. Certifies that my visual acuity is at least 20/40 Snellen, corrected or uncorrected, in the better eye.
3. Certifies that my field of vision is no less than 120 degrees in one or both eyes together as demonstrated on a Goldman perimeter using an IIIe target, or equivalent full field test using an automated perimeter.
4. Certifies that I recognize the colors of red, green, and amber in traffic signals in an actual field test if I failed a color screening test or comparable color contrast sensitivity test.
5. In the opinion of the optometrist or ophthalmologist, I can safely perform the required normal school bus or Type III school bus driver operations.

The information I have provided in this application is true and correct to the best of my knowledge.

X

Signature of Waiver Applicant

Date (mm/dd/yy)

MINNESOTA DEPARTMENT OF PUBLIC SAFETY

Print Form

DRIVER AND VEHICLE SERVICES
445 Minnesota Street, Suite 180
Saint Paul, MN 55101-5180

Phone: (651) 296-2025 Fax: (651) 282-2463 TTY: (651) 282-6555
Web: dvs.dps.mn.gov Email: dvs.driverslicense@state.mn.us

Vision Report

- Section A - (Reverse Side) Must be completed and signed by patient in the presence of the vision examiner
- Section B - (Reverse Side) Must be completed and signed by a licensed vision examiner
- Minnesota statutes may require driving restrictions other than those recommended by the licensed vision examiner
- Submit the form:

  By mail: send to the address listed above
  By Fax: (651) 282-2463
  In person: Bring to any Driver's License Exam Station

DATA PRIVACY

All the information collected on this form is required by law. This data is used by authorized Driver and Vehicle Services division personnel to ensure that those with insufficient vision take the steps required to achieve the best vision possible and to deny driving privileges to those whose vision is likely to interfere with the safe operation of motor vehicles.
(Minnesota Statutes, chapters 171.04, 171.13, and 171.14; Minnesota Rule 7410.2400)

All data collected on this form is private and may not be issued to anyone, with the exception of name and address, which may be provided to law enforcement personnel.

A driver's license will not be issued until a satisfactory report is submitted.

Restriction Information - For complete information see Minnesota Rule 7410.2400

- **Daylight Restriction:** Visual acuity of 20/50 or less may be restricted to daylight hours.
- **Speed Restriction:** Visual acuity of 20/50 or less corrected vision in one usable eye or both eyes, or visual field of less than 105 degrees. *20/50: 55 miles per hour 20/60: 50 miles per hour 20/70: 45 miles per hour*
- **Area Restriction:** Visual acuity of 20/50 or less may be restricted to driving within a certain area equal to or less than the speed restriction. For example, a person limited to a maximum speed of 45 miles per hour or less is prohibited from driving on any freeway, expressway, or limited access highway that has a speed limit of more than 45 miles per hour.
- **Road Restriction:** Drivers with speed restrictions may also be restricted to driving on roads that have a speed limit.
- **Equipment Restriction:** Field of vision between 100 and 105 degrees in the horizontal diameter with either one usable eye or with both eyes - requires left and right outside rearview mirrors on vehicle.

COMPLETE REVERSE SIDE

SECTION A - TO BE COMPLETED BY PATIENT (Please Print)

MINNESOTA DRIVER'S LICENSE NUMBER: ☐-☐☐☐-☐☐☐-☐☐☐-☐☐☐ BIRTH DATE: ☐☐/☐☐/☐☐

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

X _____ Phone Number: _____

Patient's Signature (**MUST** be signed in the presence of the vision examiner).

SECTION B - TO BE COMPLETED BY LICENSED VISION EXAMINER

Date of Last Vision Exam

Must have been within six months:

☐☐/☐☐/☐☐

Peripheral Vision

Horizontal Fields in Degree

Right Eye:	
Left Eye:	
Both Eyes:	

Vision Acuity

	Without Corrective Lenses	With Present Corrective Lenses	With New Corrected Lenses
Right Eye:	20/	20/	20/
Left Eye:	20/	20/	20/
Both Eyes:	20/	20/	20/

Is your patient's vision adequate to exercise reasonable and proper control of a motor vehicle? (Please check one)

- ☐ No, reason: _____
- ☐ Yes, without corrective lenses
- ☐ Yes, with present corrective lenses
- ☐ Yes, with new corrective lenses
- ☐ Yes, with bioptics (*Note: Restrictions are based on vision acuity with carrier lenses and NOT vision acuity with use of bioptics.)*

The patient should be required to submit this form every: (check one) ☐ 4 years ☐ 3 years ☐ 2 years ☐ 1 year ☐ 6 months

Recommended Restrictions: (Please mark all that apply)

Daylight Only_____ Maximum Speed _____ mph Limit to _____ miles from home No Freeway Driving _____

Other (specify) _____

No restrictions (specify) _____

VISION PROBLEMS

Please identify any condition that is impairing your patient's vision (i.e., cataracts present, macular degeneration, diabetic retinopathy, peripheral vision impairment, etc.). _____

What affect does your patient's condition have on his/her ability to see while driving? (i.e., tunnel vision, blurred vision, blank spots, etc.)? _____

The condition is (please check one): STABLE ☐ PROGRESSIVE ☐

If your patient's vision is 20/80 or up to but not including 20/100, please answer following questions:

Is there treatment that would improve your patient's vision? NO ☐ YES ☐

Has treatment been scheduled? NO ☐ YES ☐ Anticipated date when treatment will be complete: _____/_____/_____

Vision Examiner's Name: _____ **License Number**: _____

Office Address: _____ Phone Number: _____

Street City State Zip Code

X _____

Vision Examiner's Signature Date

MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES

Optometrist's/Ophthalmologists' Report of Vision Impairment

Incomplete applications will be returned and may result in a waiver not being issued.

If you have questions or need additional information, please contact DVS at (651) 297-5029 or (651) 282-6555 (TTY)

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Patient Name (please print) _____ Examination Date (mm/dd/yy) _____

[ ] [ ][ ][ ] - [ ][ ][ ] - [ ][ ][ ] - [ ][ ][ ] - [ ][ ][ ]

Patient's Driver's License Number

Dear Licensed Optometrist/Ophthalmologist:

The patient before you is applying for a waiver from vision-related medical criteria* in order to operate a school bus or Type III school bus within the state. We are asking your cooperation to examine this patient in accordance with this criteria, which is required by state law and administrative rule. All criteria below must be addressed. Please certify that you can complete this report by placing your signature and today's date at the bottom.

*Criteria is stipulated in Code of Federal Regulations, title 49, section 391.41, paragraph (b) (10) and Minnesota Rules, section 7414.1200.

1) Please identify, and define, the visual deficiency.

_____

_____

2) ☐ Yes ☐ No The patient's visual acuity is at least 20/40 (Snellen), corrected or uncorrected, in the better eye.

3) ☐ Yes ☐ No The applicant's field of vision is no less than 120 degrees in one or both eyes together as demonstrated on a Goldman perimeter, using an Ille target or equivalent field test that uses an automated perimeter.

4) ☐ Yes ☐ No The applicant recognizes the colors of red, green, and amber in traffic signals in an actual field test, if he or she fails a color screening test or comparable color contrast sensitivity test.

5) ☐ Yes ☐ No In my opinion, the patient can safely perform the normal required school bus or Type III school bus driver operations.

6) The length of time that the vision waiver is valid *(check one)*:

☐ Two years from date of last physical

☐ Other (as determined by physical). Please list waiver ending date: _____

_____
Licensed Optometrist's/Ophthalmologist's Name (please print or type)

_____ _____
Office or Clinic Name Daytime Phone (include area code)

X _____ _____
Physician Signature Date (mm/dd/yy)