

The Auto-Cycle Union Ltd
Licence Department
ACU House, Wood Street, Rugby,
Warwickshire, CV21 2YX
Telephone: 01788 566417
Email: licence@acu.org.uk



2026 - Eyesight Report – Only required if:

You are a Road Race, Scooter Road Race or Parade first time applicant.
You are a Road Race, Scooter Road Race or Parade licence holder renewing and your last eyesight report was 3 years ago or more.
You are a Road Race, Scooter Road Race or Parade aged 55 or over
You are being treated for diabetes
You are applying for an International FIM licence

To your Doctor or Optician

Please read these notes before filling in this section for the applicant whose name is on the bottom of the form.

An applicant with monocular vision will **not** be granted a licence

The minimum corrected visual acuity must be 6/6 with both eyes open together. The minimum binocular field should measure at least 120 degrees along the horizontal meridian with no defects within the central 20 degrees. This should be a simple confrontation visual field examination rather than automated perimetry testing. The applicant, for any event except Trials, must have normal colour vision in that they can distinguish the primary colours red and green.

- | | | | | | | | | | |
|--|--|---|-----|-----------|---|-----|------------|---|-----|
| 1. Unaided vision: | Right eye: | <table border="1"><tr><td>6 /</td></tr></table> | 6 / | Left eye: | <table border="1"><tr><td>6 /</td></tr></table> | 6 / | Binocular: | <table border="1"><tr><td>6 /</td></tr></table> | 6 / |
| 6 / | | | | | | | | | |
| 6 / | | | | | | | | | |
| 6 / | | | | | | | | | |
| 2. Corrected vision: | Right eye: | <table border="1"><tr><td>6 /</td></tr></table> | 6 / | Left eye: | <table border="1"><tr><td>6 /</td></tr></table> | 6 / | Binocular: | <table border="1"><tr><td>6 /</td></tr></table> | 6 / |
| 6 / | | | | | | | | | |
| 6 / | | | | | | | | | |
| 6 / | | | | | | | | | |
| 3. Is the applicant's colour vision normal? | Yes ☐ No ☐ | | | | | | | | |
| 4. Does the binocular field of vision comply with the above? | Yes ☐ No ☐ | | | | | | | | |

Please use this space to give further details:

Name and address of Optician/Doctor
(please use official stamp)

Applicant's name:

Date of Birth

Signature of optician/doctor:

Date:

ACU Member no.

Once you have completed this eye report you may upload this to your ACU member profile under Medical documentation then select eye report , email to licence@acu.org.uk or post to ACU Licence Department – Declarations, ACU House, Wood Street, Rugby, Warwickshire, CV21 2YX