## Visual Acuity Form

Member #: ____________________ Order #: ____________________ Site Code: ____________________ Date: ____________________

Last Name: ____________________ First Name: ____________________ MI: ____________________

### Applicant

This form must be submitted for all SCWI/CWI/CAWI/CRI/CWEng applications ONLY.

AWS will not release exam results, recertification results, or renewals without a completed Visual Acuity Record on file.

**IMPORTANT:** This completed Visual Acuity Record must be sent to the AWS Certification Department prior to the exam, or no later than 30 days after the certification exam date. Form may be sent via fax, email, or mail. Applicants who have not fulfilled all requirements within 30 days after the certification exam date shall have scores and application voided, and may be in jeopardy of forfeiting application fees.

### Eye Examination

Eye examinations shall be administered by an Ophthalmologist, Optometrist, Medical Doctor, Registered Nurse or Certified Physician’s Assistant or by other ophthalmic medical personnel, and must include the state or province license number. Examinations shall be performed within (7) months of the certification examination date, or within (7) months of the certification expiration date for renewal or recertification.

All applicants must pass an eye examination, with or without corrective lenses, to prove near vision acuity on Jaeger J2 at 12 in. or greater (≥30.5 cm). All applicants shall take a color perception test. Eye examination results must be documented on this Visual Acuity Record form supplied by the AWS Certification Department. **No other forms will be accepted.**

1. The following must be completed by the eye examiner:

   **A. Verify the customer’s close vision acuity to Jaeger J2 specifications at a distance of 12 inches or greater (≥30.5 cm)**

   (Check ONLY one of the following for each eye)

   - [ ] OD [ ] OS Requires corrected vision to read Jaeger J2 at 12 in. or greater.
   - [ ] OD [ ] OS No correction is required to read Jaeger J2 at 12 in. or greater.
   - [ ] OD [ ] OS Unable to read Jaeger J2 at 12 in. or greater even with attempt at correction.

   **B. Through a color perception examination, is the applicant colorblind?**

   (Check ONLY one of the following for each eye)

   - [ ] OD [ ] OS Customer IS NOT colorblind
   - [ ] OD [ ] OS Customer IS colorblind.

3. **Examiner’s Contact Information** *(print clearly)*

   Customer Name: ____________________ Date of eye exam: ____________________
   
   Examiner Name: ____________________ Phone Number: ____________________
   
   Examiner Address: ____________________
   
   City: ____________________ State: ____________________ Zip/Postal Code: ____________________ Country: ____________________

4. **Examiner professional status** *(check only one)*

   - [ ] Ophthalmologist
   - [ ] Optometrist
   - [ ] Medical Doctor
   - [ ] Registered Nurse
   - [ ] Certified Physician’s Assistant

Examiner Signature: ____________________ State/Prov. License number: ____________________

---

**Visual Acuity Form_1224**

December 13, 2016