



# VISUAL ACUITY EXAMINATION FORM

## Instructions

**Applicants:** This form must be submitted for all welder original and renewal applications.

Be sure to keep a copy of this form for your records. Your application for an original or renewal license will not be accepted unless a completed Visual Acuity Examination Form is submitted.

The examination must occur and this form must be completed 1 year (12 months) prior to the date of application for an original or renewal welder license. One of the following is required to administer the eye examination: Ophthalmologist, Optometrist, Medical Doctor, Registered Nurse or Certified Physician's Assistant.

All applicants must pass an eye examination, with or without corrective lenses, to prove near vision acuity on Jaeger J2 at 12 inches or greater ( $\geq 30.5$  cm). Examination results must be documented on this form and submitted with your application.

The Department of Buildings will not accept forms that are incomplete or test results that do not comply with fitness requirements.

<b>1 Applicant/ Licensee Information</b>	
<b>Application Type:</b>	<input type="checkbox"/> Original Welder License <input type="checkbox"/> Renewal Welder License
First Name	Last Name
License #	

## THE FOLLOWING TWO SECTIONS ARE TO BE COMPLETED BY THE EYE EXAMINER

<b>2 Vision Acuity</b>	
	<b>Please verify the applicant's near vision acuity to Jaeger J2 specifications at a distance of 12 inches or greater (<math>\geq 30.5</math> cm): (please check one of the following)</b>
___	Both eyes require corrected vision to J2
___	Only one eye needs corrected vision to J2
___	No correction is required.

<b>3 Examiner</b>	
Applicants Name	Date of Eye Examination
Examiner Name	Telephone Number
Examiner Address	
City	State Zip
<b>Examiner Professional Status (please select only one) :</b>	
<input type="checkbox"/> Ophthalmologist	<input type="checkbox"/> Optometrist <input type="checkbox"/> Medical Doctor <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Certified Physician's Assistant
Examiner Signature and Stamp (If Stamp is Available)	State/Prov. License # Date _____