American Welding Society
8669 Doral Blvd. Suite 130 Doral, FL 33166-6640
(800) 443-9353 or (305) 443-9353, ext. 273

VISUAL ACUITY RECORD

Last name _____ Certification # (if applicable) _____

First name _____ Member # (if applicable) _____

If scheduled to take an AWS certification exam, site location _____ Date _____

TO APPLICANTS:
This form must be submitted for all Welding Inspector and Radiographic Interpreter applications. Applicants for the Certified Welding Educator are not required to complete this form.

This completed eye examination form may be sent to the AWS Certification Department prior to the exam, submitted on the day of the exam, or sent to the AWS Certification Department after the exam.

IMPORTANT: This form must be completed and received in the AWS Certification Department not later than 30 days after the applicant's completed examination date. Applicants who have not fulfilled all requirements within 30 days after the examination date shall have all records, scores and applications voided and may be in jeopardy of forfeiting application fees.

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 not more than 7 months prior to the date of the welding inspector examination 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 form supplied by the AWS Certification Department. No other forms will be accepted.

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

TO BE COMPLETED BY THE EYE EXAMINER

1. Please verify the customer's close vision acuity to Jaeger J2 specifications at a distance of 12 inches or greater(≥30.5 cm):
(please check one of the following for each eye)

OD	OS		AWS Use Only
☐	☐	Requires corrected vision to read Jaegar J2 at 12 in. or greater.	W
☐	☐	No correction is required to read Jaegar J2 at 12 in. or greater.	O
☐	☐	Unable to read Jaegar J2 at 12 in. or greater even with attempt at correction.	NQ

2. Through a color perception examination, is the applicant colorblind?
(please check one of the following for each eye)

OD	OS		AWS Use Only
☐	☐	Customer IS NOT colorblind	C
☐	☐	Customer IS colorblind.	B

3. Examiner's Contact Information *(please print clearly)*

Customer name _____ Date of eye examination _____

Examiner name _____ Telephone number _____

Examiner address _____

City _____ ST/Province _____ Zip _____ Country _____

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

☐ Ophthalmologist ☐ Optometrist ☐ Medical Doctor ☐ Registered Nurse ☐ Certified Physician's Assistant

Examiner signature _____ State/Prov. License number _____