



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 (≥ 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.

1 Applicant/ Licensee Information
Application Type: <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

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

3 Examiner
Applicants Name _____ Date of Eye Examination _____
Examiner Name _____ Telephone Number _____
Examiner Address _____
City _____ State _____ Zip _____
Examiner Professional Status (please select only one) :
<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) _____ Date _____ State/Prov. License # _____