American Welding Society
8669 NW 36 St, #130 Miami, FL 33166-6672
(800) 443-9353 extension 273
Email certification@aws.org

VISUAL ACUITY FORM

Member #: _____ Email address: _____ 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 Form must be sent to the AWS Certification Department along with the application. Applicants who have not fulfilled all requirements and/or have not submitted the form, shall have test scores/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 not more than one (1) year prior to the date of the certification examination or the expiration date for renewals and recertification. New visual acuity records do not need to be supplied for retests occurring within one (1) year from the original examination date.

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		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

B. Through a color perception examination, is the applicant colorblind?
(Check ONLY 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 *(print clearly)*

Customer Name: _____ Date of eye exam: _____

Examiner Name: _____ Phone Number: _____

Examiner Address: _____ Examiner Email: _____

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: _____

The American Welding Society is not responsible for any fees or costs associated with the completion of this Visual Acuity Form or the required vision examination. Any fees charged by the medical provider are the sole responsibility of the applicant. Medical providers should not bill AWS for services related to the completion of this form.