



## American Welding Society

8669 NW 36 St, #130 Miami, FL 33166-6672

(800) 443-9353 extension 273

Email [certification@aws.org](mailto: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. This form may be sent via email or mail.**

#### 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 recertifications. 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 ( $\geq 30.5$  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 ( $\geq 30.5$ cm)

(Check ONLY one of the following for each eye)

OD <input type="checkbox"/>	OS <input type="checkbox"/>	Requires corrected vision to read Jaeger J2 at 12 in. or greater.
<input type="checkbox"/>	<input type="checkbox"/>	No correction is required to read Jaeger J2 at 12 in. or greater.
<input type="checkbox"/>	<input type="checkbox"/>	Unable to read Jaeger J2 at 12 in. or greater even with attempt at correction.

AWS Use Only
W
O
NQ

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

(Check ONLY one of the following for each eye)

OD <input type="checkbox"/>	OS <input type="checkbox"/>	Customer IS NOT colorblind
<input type="checkbox"/>	<input type="checkbox"/>	Customer IS colorblind.

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C
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: \_\_\_\_\_