

Metal Products Inspector Visual Acuity Record

SECTION 1: IDENTIFICATION OF APPLICANT (Please print):

Applicant's Name: _____ Registration #: _____

 Complete Address: _____

 Tel. #: _____ Application for Certification Renewal of Certification

SECTION 2: VISION REQUIREMENTS:

Evidence of satisfactory vision, as determined by an Oculist, Optometrist, Ophthalmologist, Medical Doctor or Registered Nurse, is required. A vision examination must be performed no more than twelve (12) months prior to writing the welding inspector examinations or certification anniversary date.

- a) DISTANT VISION shall equal 20/30 or better in at least one eye, either uncorrected or corrected.
- b) NEAR VISION acuity shall permit reading 0.5m continuous text (N-4) at a 40 cm test distance, with habitual correction (one or both eyes). The following are considered equivalent to the 0.5m performance:

Times Roman	N-4 at 40 cm;
Reduced Snellen	40/50;
Jaeger	J2 at 40 cm;
0.5 m at 40 cm	=0.37 m at 30 cm.

SECTION 3: DECLARATION OF EXAMINER:

 This is to certify that I, _____, administered an eye exam
Examiner's Name (please print)

 to _____ on _____
Applicant's Name (please print) Examination Date (MM / DD / YYYY)
I also certify that the applicant: (check applicable box)

 Meets the vision requirements in Section 2 without correction

 Meets the vision requirements in Section 2 with correction

 Does not meet the vision requirements in Section 2

Check one of the following:

 Oculist Optometrist Ophthalmologist Medical Doctor Registered Nurse

 Address: _____

Signature of Eye Examiner: _____ Tel. #: _____

FOR CWB USE ONLY:

Review by: _____ Date: _____

**PLEASE ATTACH COMPLETED RECORD TO YOUR APPLICATION AND SEND TO THE CWB.
 RETAIN A COPY FOR YOUR FILE.**

"CERTIFICATION MAKES THE DIFFERENCE"