



Welding Inspector Visual Acuity Record

SECTION 1: IDENTIFICATION OF APPLICANT (Please print):

Applicant's Name: _____ Registration #: _____

Application for Certification Renewal of Certification

SECTION 2: VISION REQUIREMENTS:

Evidence of satisfactory vision, as determined by a medical professional, must be provided by all new applicants and certified inspectors who are renewing their certification. The vision examination must have been performed no more than 12 months from the date of receipt of this form by the CWB.

Applicants shall be capable of reading N4.5 Times Roman or Times New Roman type with one or both eyes, corrected or uncorrected, at a distance of not less than 30 cm.

Submission of a prescription for corrective lenses in lieu of this form is not acceptable.

SECTION 3: DECLARATION OF EXAMINER:

This is to certify that I, _____ administered a test of visual acuity
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:

- Optometrist Ophthalmologist Medical Doctor
- Registered Nurse Other (Specify) _____

Address: _____

Signature of Examiner: _____ Tel. #: _____

FOR CWB USE ONLY:

Reviewed by: _____ Date: _____

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

