



VISUAL ACUITY FORM

Member #: _____ Email address: _____ Date: 3-13-2024
Last Name: Toussaint First Name: Braden MI: K

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 (≥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	Requires corrected vision to read Jaeger J2 at 12 in. or greater.
☐	☐	
☒	☒	No correction is required to read Jaeger J2 at 12 in. or greater.
☐	☐	Unable to read Jaeger J2 at 12 in. or greater even with attempt at correction.

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

(Check ONLY one of the following for each eye)

OD	OS	Customer IS NOT colorblind	Customer IS colorblind.
☒	☒	☒	☐
☐	☐	☐	☐

3. Examiner's Contact Information (print clearly)

Customer Name: Toussaint, Brandon
Examiner Name: Aladaya, Aleksiv
Examiner Address: 603 Lafayette Rd, Suite #1
City: Portsmouth State: NH Zip/Postal Code: 03801 Country: USA
Phone Number: 603 427 6600
Date of eye exam: 3/13/2024

4. Examiner professional status (check only one)

☐ Ophthalmologist ☒ Optometrist ☐ Medical Doctor ☐ Registered Nurse ☐ Certified Physician's Assistant

Examiner Signature: _____

State/Prov. License number: _____