



# 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

Member #: \_\_\_\_\_ Email address: \_\_\_\_\_

Last Name: LORD First Name: \_\_\_\_\_

### Applicant

This form must be submitted for all SCWI/CWI/CAWI/CRI/CWEng applications ON

AWS will not release exam results, recertification results, or renewals without a co

**IMPORTANT: This completed Visual Acuity Form must be sent to the AWS Certification Department. If the applicant has not fulfilled all requirements and/or have not submitted the form, shall have test application fees. This form may be sent via email or mail.**

### Eye Examination

Eye examinations shall be administered by an Ophthalmologist, Optometrist, Medical Doctor, or other ophthalmic medical personnel and must include the state or province licensure. The examination must be completed one year prior to the date of the certification examination or the expiration date for recertification. A copy of the examination results must be supplied for retests occurring within one (1) year from the original examination.

All applicants must pass an eye examination, with or without corrective lenses, to be eligible for certification. All applicants shall take a color perception test. Eye examination results must be submitted to 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 12 in. or greater.**  
(Check ONLY one of the following for each eye)

OD	OS	
<input type="checkbox"/>	<input type="checkbox"/>	Requires corrected vision to read Jaeger J2 at 12 in. or greater
<input checked="" type="checkbox"/>	<input checked="" 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 attempted correction

**B. Through a color perception examination, is the applicant colorblind?**  
(Check ONLY one of the following for each eye)

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

#### 3. Examiner's Contact Information (print clearly)

Customer Name: ROBERT LORD

Examiner Name: Charles LaFreniere

Examiner Address: 390 High Street

City: Somersworth State: NH Zip/Post: \_\_\_\_\_

#### 4. Examiner professional status (check only one)

☐ Ophthalmologist ☒ Optometrist ☐ Medical Doctor ☐ Other

Examiner Signature: [Signature]