



American Welding Society

P.O. Box 440367 Miami, FL 33144-0367
(800) 443-9353 or (305) 443-9353, ext. 273
FAXED APPLICATIONS ARE NOT ACCEPTED

VISUAL ACUITY RECORD

LAST NAME : _____ Certification # (if applicable) : _____

FIRST NAME : _____ MEMBER # (if applicable) : _____

If scheduled to take an AWS certification exam, site location: _____ Date _____

TO APPLICANTS:

This form must be submitted for all Welding Inspector and Radiographic Interpreter applications. Applicants for the Certified Welding Educator only are not required to complete this form.

Before submitting this form with your application to AWS, be sure to keep a copy for your records. If you're unable to supply a completed Visual Acuity Record with your application prior to a submission deadline, you may forward this form to the Certification Department separately. Exam applicants may submit completed Visual Acuity Records on exam day. AWS will not release exam results and/or certification renewal without a completed Visual Acuity Record on file.

You must use the services of an Ophthalmologist, Optometrist, Medical Doctor, Registered Nurse or Certified Physician's Assistant to administer your required eye examination. The examination must occur within the seven months prior to the scheduled date of the applicant's examination and/or certification expiration 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 form supplied by the AWS Certification Department. No other forms will be accepted.

AWS will not accept visual acuity test results that are incomplete or do not comply with regulations.

THE FOLLOWING THREE SECTIONS ARE TO BE COMPLETED BY THE EYE EXAMINER

| 1. Please verify the customer's close vision acuity to Jaeger J2 specifications at a distance of 12 inches or greater (≥30.5 cm): (please check one of the following) | | AWS use only |
|---|---|--------------|
| <input type="checkbox"/> | Both eyes require corrected vision to J2 | W |
| <input type="checkbox"/> | Only one eye needs corrected vision to J2 | W |
| <input type="checkbox"/> | No correction is required. | O |

| 2. Through a color perception examination, is the applicant colorblind? (please check one of the following) | | AWS use only |
|---|--------------------------------|--------------|
| <input type="checkbox"/> | No, customer is not colorblind | C |
| <input type="checkbox"/> | Yes, customer is colorblind. | B |

3. PLEASE PRINT CLEARLY

CUSTOMER NAME: _____ DATE OF EYE EXAMINATION: _____

EXAMINER NAME: _____ TELEPHONE NUMBER: () _____ - _____

EXAMINER ADDRESS: _____

CITY: _____ ST/PROVINCE: _____ ZIP: _____ COUNTRY: _____

EXAMINER PROFESSIONAL STATUS BY (please check only one):

Ophthalmologist Optometrist Medical Doctor Registered Nurse Certified Physician's Assistant

EXAMINER SIGNATURE: _____ STATE/PROV. LICENSE NUMBER: _____