VISUAL ACUITY FORM					
Member #:	Online Order #:		_ Site Code:	Date:	
	t Name: MI: MI:				
		Applica	nt		
This form must be submitted	for all SCWI/CWI/CAWI/CRI/CV	WEng applications O	NLY.		
AWS will not release exam re	esults, recertification results, or	r renewals without a	completed Visual Acuity R	ecord on file.	
the certification exam date.	d Visual Acuity Form must be s Form may be sent via fax, emo I have scores and application v	ail, or mail. Applican	ts who have not fulfilled a	all requirements within 60 day	
		Eye Examir	nation		
other ophthalmic medical pe	Iministered by an Ophthalmolog ersonnel, and must include the s te, or within (1) year of the cert	state or province lice	nse number. Examination	ns shall be performed within (1	
All applicants shall take a col	ye examination, with or withou or perception test. Eye examina o other forms will be accepted.	ation results must be			
L.The following must be co	ompleted by the eye examir	ner:			
_	lose vision acuity to Jaeger J		a distance of 12 inches	s or greater(≥30.5 cm)	AWS Use
Check ONLY one of the following for each eye) OD OS					
Requires corrected vision to read Jaegar J2 at 12 in. or greater.					
☐ No correction is required to read Jaegar J2 at 12 in. or greater.					
Unable to read Jaegar J2 at 12 in. or greater even with attempt at correction.					
B. Through a color percept (Check ONLY one of the follow	tion examination, is the app	plicant colorblind?			AWS Use
OD OS					Only
= =	NOT colorblind				C
Customer IS					В
3. Examiner's Contact Info	rmation (print clearly)				
Customer Name: Date of eye exam:					
Examiner Name:			Phone Number:		
Examiner Address:					
City:	State:	Zip/Po	stal Code:	Country:	
1. Examiner professional s	tatus (check only one)				
Ophthalmologist	Optometrist Med	dical Doctor	Registered Nurse	Certified Physician's A	ssistant
Examiner Signature: State/Prov. License number:					

Visual Acuity Form_1224 January 13, 2017