CWB Form 455E/2021-1

cwbgroup

# Welding Inspector Visual Acuity Record

## SECTION 1: IDENTIFICATION OF APPLICANT (Please print):

Applicant's Name: _____ Registration #: _____

☐ Application for Certification ☐ Renewal of Certification

*Email: _____

*I understand that all official communication moving forward will be sent to me via electronic mail (email) and it is my responsibility to advise the CWB Group of any changes in my email address.

_____ initials

## 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.

Near vision acuity shall permit reading a minimum of Jaeger number 1 or Times Roman N 4.5 or equivalent letters (having a height of 1.6 mm) at not less than 30 cm with one or both eyes, either corrected or uncorrected.

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

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.**