Welding Inspector Visual Acuity Record

SECTION 1: IDENTIFICATION OF APPLICANT (Please print):

Applicant's Name: ___________________________________________ Registration #: __________________

☐ Application for Certification ☐ Renewal of Certification

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, ___________________________________________ Examiner's Name (please print) have administered a test of visual acuity to ___________________________________________ Applicant's Name (please print) on ______________________ 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 ☐ Other (Specify)

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.