



American Welding Society

8669 NW 36th St, Suite 130, Miami, FL 33166

Email certification@aws.org

Fax (305) 443-6445

First Name _____

Last Name _____

AWS Member # _____

Certification # (if applicable) _____

Visual Acuity Record

Applicant

AWS Certification exam information

City, State _____ Certification Exam Date _____

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

AWS will not release exam results, recertification results, or renewals without a completed Visual Acuity Record on file.

IMPORTANT: This completed eye examination form must be sent to the AWS Certification Department prior to the exam, submitted on the day of the exam to the Test Supervisor, or sent to the AWS Certification Department no later than 30 days after the certification exam date via fax, email or mail. Applicants who have not fulfilled all requirements within 30 days after the certification exam date shall have all records, scores and applications voided and may be in jeopardy of forfeiting application fees.

Eye Examination

Eye examinations shall be administered by an Ophthalmologist, Optometrist, Medical Doctor, Registered Nurse or Certified Physician's Assistant or by other ophthalmic medical personnel, and must include the state or province license number. Examinations shall be performed not more than 7 months prior to the date of the welding inspector examination or recertification.

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.**

Must be completed by the eye examiner

1. Verify the customer's close vision acuity to Jaeger J2 specifications at a distance of 12 inches or greater (≥ 30.5 cm)

(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 type="checkbox"/>	<input 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 attempt at correction.

AWS
Use
Only

W

O

NQ

2. Through a color perception examination, is the applicant colorblind?

(Check ONLY one of the following for each eye)

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

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C

B

3. Examiner's Contact Information (print clearly)

Customer name _____ Date of eye examination _____

Examiner name _____ Telephone number _____

Examiner address _____

City _____ ST/Province _____ Zip _____ Country _____

4. Examiner professional status (check only one)

☐ Ophthalmologist ☐ Optometrist ☐ Medical Doctor ☐ Registered Nurse ☐ Certified Physician's Assistant

Examiner signature _____ State/Prov. License number _____