



# American Welding Society

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(800) 443-9353 extension 273  
Email [certification@aws.org](mailto:certification@aws.org)

## VISUAL ACUITY FORM

Member #: \_\_\_\_\_ Email address: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

### Applicant

This form must be submitted for all SCWI/CWI/CAWI/CRI/CWEng applications ONLY.

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

**IMPORTANT: This completed Visual Acuity Form must be sent to the AWS Certification Department prior to the exam, or no later than 60 days after the certification exam date for your CAWI/CWI/SCWI/ or 30 days for the rest of the programs requiring a Visual Acuity Form. Applicants who have not fulfilled all requirements after the certification exam date shall have test scores and application voided, and may be in jeopardy of forfeiting application fees. This form may be sent via fax, email, or mail.**

### 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 within one (1) year of the certification examination date, or within one (1) year of the certification expiration date for renewal or recertification of CWI/SCWI and seven (7) months for all other programs requiring a Visual Acuity Form.

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 Record form supplied by the AWS Certification Department. **No other forms will be accepted.**

#### 1. The following must be completed by the eye examiner:

##### A. 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)

<input type="checkbox"/> OD	<input type="checkbox"/> OS	Requires corrected vision to read Jaegar J2 at 12 in. or greater.
<input type="checkbox"/>	<input type="checkbox"/>	No correction is required to read Jaegar J2 at 12 in. or greater.
<input type="checkbox"/>	<input type="checkbox"/>	Unable to read Jaegar J2 at 12 in. or greater even with attempt at correction.

AWS Use Only
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NQ

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

(Check ONLY one of the following for each eye)

<input type="checkbox"/> OD	<input type="checkbox"/> OS	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 exam: \_\_\_\_\_

Examiner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Examiner Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

#### 4. Examiner professional status (check only one)

Ophthalmologist     Optometrist     Medical Doctor     Registered Nurse     Certified Physician's Assistant

Examiner Signature: \_\_\_\_\_ State/Prov. License number: \_\_\_\_\_