



American Welding Society
 8663 NW 26 St., #130 Miami, FL 33166-6672
 (800) 443-9353 extension 273
 Email: certification@aws.org

VISUAL ACUITY FORM

Member #: 재시험자만 Online Order #: _____ Site Code: _____ Date: 검사일자
 Last Name: HONG First Name: GILDONG MI: _____

Applicant

This form must be submitted for all SCW/CW/CWU/CRU/CWUg 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. Form may be sent via fax, email, or mail. Applicants who have not fulfilled all requirements within 60 days after the certification exam date shall have scores and application 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 within (1) year of the certification examination date, or within (1) year of the certification expiration date for renewal 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 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)

OD	OS	
<input type="checkbox"/>	<input type="checkbox"/>	Requires corrected vision to read Jaeger J2 at 12 in. or greater.
<input checked="" type="checkbox"/>	<input checked="" 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.

B. Through a color perception examination, is the applicant colorblind?
 (Check ONLY one of the following for each eye)

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

AWS ID
Only
W
U
N/A
AWS ID
Only
C
E

3. Examiner's Contact Information (print clearly)

Customer Name: HONG, GILDONG Date of eye exam: 검사일자
 Examiner Name: Jaeha Jung M.D. Phone Number: 055-636-7345
 Examiner Address: Jung eye clinic, Ka Hyon dong
 City: Geoje Je State: _____ Zip/Postal Code: 53253 Country: Korea

4. Examiner professional status (check only one)

Ophthalmologist Optometrist Medical Doctor Registered Nurse Certified Physician's Assistant

Examiner Signature: _____ State/Prov. License number: 103533

Jung Eye Clinic
 4, Geojejungang-ro 25-Gil, Geoje-si,
 Gyeongsangnam-do, Korea
 +82-55-636-7345

