



Inspector Certification Eye Examination Form

Applicant Information: Please Print Clearly

Last Name _____ First Name _____

Certification # (if applicable) _____ Member # (if applicable) _____

Have you ever had an eyesight deficiency brought to your attention? Yes ___ No ___

Do you now wear corrective lenses to aid your eyesight? Yes ___ No ___

Have you ever received surgical treatment for your eyes? Yes ___ No ___

If Yes, please explain.

To Applicants:

This form must be submitted in conjunction with your Supervisor Affidavit, Proof of Insurance and, Inspector Portfolio at the time you submit your Inspector Certification Application. Eye examinations must be administered by an Ophthalmologist, Optometrist, Medical Doctor, Registered Nurse or Certified Physician's Assistant. Examinations must be performed within six (6) months prior to submitting an application.

All applicants must pass an eye examination, with or without corrective lenses, to provide 20/30 or greater acuity both for near and distant acuity. All applicants must take a color perception test. If an applicant is colorblind, this does NOT disqualify the applicant, however, if the applicant is colorblind a letter from the employer's supervisor stating acknowledgement must be submitted before testing.

Applicant Signature _____

TO BE COMPLETED BY THE EYE EXAMINER

Please verify the customer's near and distant acuity using Snellen Chart or Projection Chart. Acuity must be correctable to at least 20/30 or greater.

Examiner Name _____ Exam Date _____

Phone Number _____

Address _____ City _____

State/Providence _____ Zip/ Postal Code _____

Country _____

Examiner Professional Status *(Please check only one)*

Ophthalmologist___ Optometrist___ Medical Doctor___ Registered Nurse___ Certified Physician's Assistant ___

State/Prov. License number _____

Applicant wears glasses or contact lenses: Near Only _____ Distant Only _____ Constant _____

Acuity

	Unaided	With Correction
Distant Acuity	Right 20/____	Right 20/____
	Left 20/____	Left 20/____
	Both 20/____	Both 20/____
Near Acuity	Right 20/____	Right 20/____
	Left 20/____	Left 20/____
	Both 20/____	Both 20/____

Color Perception

Applicant is Red/Green Colorblind _____

Applicant is Blue/Yellow Colorblind _____

Applicant is not Colorblind _____

Examiners Name _____

Examiners Signature _____

Date _____