

# EYE EXAMINATION REPORT- Canadian Welding Skills

To be completed by registered optometrists only.

Results from eye examinations conducted within six months of the student's start date are accepted.  
Please transfer the results to this form.

## APPLICANTS INFORMATION

Name: \_\_\_\_\_ Tel: (        ) \_\_\_\_\_

### Vision requirements:

- a) Distant vision shall equal 20/30 or better in at least one eye, either corrected or uncorrected.
- b) Near vision acuity shall permit reading 0.5 m continuous text (N-4) at a 30 cm to 40 cm test distance, with or without corrective eyewear. The following may be considered equivalent:
  - a. Times Roman N-4 at 30 to 40 cm
  - b. Reduced snellen 40/50
  - c. Jaeger J2 at 30 to 40 cm
- c) Colour definition and recognition should be near normal. Able to discern light (dull) red, yellows, and orange at close viewing range.
- d) Depth perception should be normal, able to detect a dissimilarity of 1/8" or less as when viewing two pens or pencils held side by side (parallel to each other) with the trainee viewing the ends of the pencils from a distance of approx. 1 meter. Objects would be held approx. parallel to the floor and at a height which would bring the ends (only) of the objects into the applicant's line of sight.

### Vision Test Results: (without correction)

Distant vision: RE \_\_\_\_\_ LE \_\_\_\_\_  
Near vision: RE \_\_\_\_\_ LE \_\_\_\_\_

### Vision Test Results: (with correction)

Distant vision: RE \_\_\_\_\_ LE \_\_\_\_\_  
Near vision: RE \_\_\_\_\_ LE \_\_\_\_\_

**Welders need to be able to focus clearly at distances that are closer than a "reading distance".  
Preferably 12" to 14".**

Are eyeglasses required for welder practical training (i.e., at a range of 12"- 14")?    YES    NO

**IF YES: Students MUST HAVE prescription safety glasses AVAILABLE ON FIRST DAY OF PROGRAM.**

**Failure to supply the required prescription safety glasses will result in training being suspended.  
All eyeglasses must meet CSA safety requirements WITH side shields. Contact Lenses are not recommended**

Comments/recommendations: \_\_\_\_\_

Optometrist signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Optometrist stamp/contact details