

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.
Contact Lenses are not allowed.

**Failure to supply the required prescription safety glasses will result in training being suspended.
All eyeglasses must meet CSA safety requirements WITH side shields.**

Comments/recommendations: _____

Optometrist signature: _____ Date: _____

Applicant signature: _____ Date: _____

Optometrist stamp/contact details