ABSA
the pressure equipment safety authority

Tel: (780) 437-9100
Fax: (780) 437-7787
AB-95 2026-06

EYE EXAMINATION REPORT

Personal Information (please print)

Name: _____
Last First middle

Address: _____
Apt./Street City Province Postal Code

Phone Number: ( ) E-Mail Address:

Vision requirements:

Evidence of satisfactory vision, as determined by a professional recognized person (i.e. Oculist, Optometrist, Ophthalmologist, Medical Doctor or Registered Nurse) no more than one (1) year prior to the date of submission to ABSA.

a) **Distant vision** shall equal 20/30 or better in at least one eye, either uncorrected or corrected.
b) **Near vision** acuity shall permit reading 0.5 m continuous text (N-4) at a 40 cm test distance, with their habitual correction (one or both eyes). The following are considered equivalent to the 0.5 m performance:

Times Roman	N-4 at 40 cm;
Reduced Snellen	40/50;
Jaeger	J2 at 40 cm;
0.5 m at 40 cm	= 0.37 m at 30 cm

To be completed by Eye Examiner

I certify the person named above: (please check)

Meets Without correction ☐
Meets With correction ☐
Does not meet ☐

Check one of the following:

☐ Oculist ☐ Optometrist ☐ Ophthalmologist ☐ Medical Doctor ☐ Registered Nurse

_____ _____
Examiner's name (please print) Examiner's Signature

( ) _____ _____
Examiner's phone number Examination Date (yyyy-mm-dd)

For ABSA use only

File No: _____

Eye examination result satisfied: Yes ☐ No ☐

Approved by E&C SCO: Date:

The personal information collected on this form is for the purpose of collecting information about your Eye Examination Report for Pressure Welders. This personal information collection is authorized by section 4(c) of the Protection of Privacy Act and will only be used for this purpose. If you have any questions about the collection of personal information, you may contact generalinq@absa.ca, or by mail to ABSA, 9410 20 Ave. NW, Edmonton, AB, T6N 0A4.