

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.									
<p>a) Distant vision shall equal 20/30 or better in at least one eye, either uncorrected or corrected.</p> <p>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:</p> <table style="margin-left: 40px;"> <tr> <td>Times Roman</td> <td>N-4 at 40 cm;</td> </tr> <tr> <td>Reduced Snellen</td> <td>40/50;</td> </tr> <tr> <td>Jaeger</td> <td>J2 at 40 cm;</td> </tr> <tr> <td>0.5 m at 40 cm</td> <td>= 0.37 m at 30 cm</td> </tr> </table>		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
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	<input type="checkbox"/>								
Meets With correction	<input type="checkbox"/>								
Does not meet	<input type="checkbox"/>								
Check one of the following:									
<input type="checkbox"/> Oculist	<input type="checkbox"/> Optometrist								
<input type="checkbox"/> Ophthalmologist	<input type="checkbox"/> Medical Doctor								
<input type="checkbox"/> Registered Nurse									
_____	_____								
()	Examiner's Signature								
Examiner's name (please print)	Examination Date								
Examiner's phone number									
For ABSA use only									
File No: _____									
Eye examination result satisfied: Yes ___ No ___									
Approved by: _____	Date: _____								