



## NAARSO Eye Examination Form

I, \_\_\_\_\_, the undersigned, agree, in order to obtain and/or maintain certification with NAARSO inspector certification program(s), I'm required to provide evidence of a satisfactory eye examination within the twelve-month period preceding my application or renewal for certification in accordance with ASTM F2974 visual acuity requirements. I hereby certify I have read, understand, and agree to the terms and conditions of NAARSO Certification Program, including its Code-of-Ethics) and NAARSO's Inspector Certification Handbook.

Examination Date:	
Administrator Name:	
Administrator Phone #:	
Location:	

I further certify this examination confirmed my vision acuity, at the time of the examination, was determined to be, or was appropriately corrected to meet ASTM F2974 visual acuity requirements. I further certify this examination confirmed my understanding of my ability to distinguish between colors and my employer(s) are aware.

I further certify the above information is true, correct, and to the best of my knowledge. I understand and agree, if any, falsification, misstatement, or misrepresentation has been made regarding above information, I may be disqualified from any and all NAARSO certification programs.

Applicant Printed Name:	
Applicant Signature:	
Date:	