

Eye Examination:



The following *three* sections are to be completed by the eye examiner

1. PLEASE PRINT CLEARLY

Applicant Name: _____ **Date of Exam:** _____

Examiner Name: _____ **Phone Number:** _____

Examiner Address: _____ **Country:** _____

City: _____ **ST:** _____ **ZIP:** _____

EXAMINER PROFESSIONAL STATUS *(please check only one):*

Ophthalmologist Optometrist Medical Doctor Registered Nurse Certified Physician's Assistant

Examiner Signature: _____ **License/Qualification #:** _____

2. VISION ACUITY RESULTS:

	Please verify the customer's close vision acuity to Jaeger J2 (or equivalent) specifications at a distance of 20 inches or greater: (please check one of the following)
<input type="checkbox"/>	Both eyes require corrected vision to J2.
<input type="checkbox"/>	Only one eye needs corrected vision.
<input type="checkbox"/>	No correction is required.

3. COLOR PERCEPTION RESULTS:

	Through a color perception examination, is the applicant colorblind? (please check one of the following).
<input type="checkbox"/>	NO, applicant is not color blind
<input type="checkbox"/>	YES, applicant is color blind (A letter from the employer's supervisor stating acknowledgement of this results is required before testing)

If Additional Space is Needed, Use Blank Paper and Attach it to this Form

I hereby certify that the above information is true and correct. I have read the current Code of Ethics and agree to follow it in the discharge of my duties. I understand that any false statements will disqualify me for ACCT certification. I will provide documentation for both education and industry experience in the challenge course industry along with this application. I will provide a copy of my current Level I certificate or minimum documentation of experience if I plan to sit for a Level 2 exam.

Signature of Applicant

Date

Rev. 10/22/12

For Office Use Only ICEC _____ ED. _____ Date _____