Athletics Commission of Saskatchewan

EYE EXAMINATION FORM

INSTRUCTIONS: Only this form created by the Athletics Commission of Saskatchewan will be accepted in order to satisfy the requirement. This completed form can be emailed to acs@gov.sk.ca, faxed to 306-787-5523, or mailed to the Athletics Commission of Saskatchewan, 1st Floor-3211 Albert St, Regina, Saskatchewan, S4S 5W6.

APPLICANT INFORMATION (to be completed by the applicant)

Full name of applicant *(first, middle, last):*	Date of birth *(month, day, year):*
Address *(street address, city, province/state, postal code/zip code, country):*	
Primary telephone no. *(include area code):*	Business telephone no. *(include area code):*

EYE EXAMINATION (must be completed by an Optometrist or Ophthalmologist)

Refractive State: (Right) _____ (Left) _____

Visual Fields: (Right) _____ (Left) _____

Visual Acuity: (Right)____ /_____ (Left) ____ /_____ (Both) _____ /_____

☐ Completed ☐ Uncorrected

Fundi: _____

Cornea: _____

Intra-Ocular Pressure: _____

CERTIFICATION (to be completed by Optometrist or Ophthalmologist)

It is my opinion that _____ ☐ **IS** or ☐ **IS NOT** fit to compete as a competitor in a combative sport at this time.

If no, please explain: _____

Name of Optometrist or Ophthalmologist (print): _____

Name of Optometrist or Ophthalmologist (signature): _____

Date: _____

Office address: _____

Telephone number: _____ Fax: _____

E-mail: _____