

GUARDVISION™

LIFEGUARD VISION TESTING PROGRAM

Eye Care Practitioner Form

This lifeguard candidate has failed a vision screening. We ask that you examine their eyes and certify that their vision is corrected to the Lifeguard Vision Standard of 20/30 in the best eye, corrected or uncorrected. The candidate will not be permitted to work until this signed form is returned to the facility supervisor.

Candidate Name: _____

Aquatic Facility Name: _____

Eye Care Practitioner Information

Name: _____ Phone: _____

Address: _____

Signature: _____ M.D. O.D.

Date: _____

Eye Correction must be worn at all times while on duty.