



## Appendix A

### Vision Assessment Form

Does the applicant meet minimum vision requirements?

Meets Standard

Does Not Meet Standard

N/A

If the applicant did have Refractive Surgery over 6 months ago, (which includes Corneal and Intra-Ocular Lens Procedures) does the applicant have a history of the following:

Visible Corneal Haze

Cataracts

Night Vision Difficulties

If you as the applicant have a history of one of the following symptoms above OR; have had any form of refractive surgery within the past 6 months, you will be required to complete additional documents which can be found on [www.oacpcertificate.ca](http://www.oacpcertificate.ca) under the forms tab called "Guidelines for Optometrists/Ophthalmologists 2020".

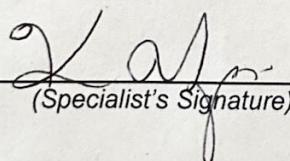
Optometrist or Ophthalmologist information:

Name (Vision Specialist): DR KEVIN A ROY, OPTOMETRIST

Name of applicant being assessed: COREY JACKSON

Dr. Kevin A. Roy Optometrist  
1650 Lasalle Boulevard  
Sudbury, ON P3A 2A1

Office Location: \_\_\_\_\_ Phone: 705-560-5763

  
(Specialist's Signature)

March 8, 2023  
(Date Assessed)

Applicant:

  
(Applicant's Signature)

March 8, 2023  
(Date Signed)

This form is valid for a period of 2 years commencing from the date it is signed