



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 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

[Signature] March 8, 2023
(Specialist's Signature) (Date Assessed)

Applicant:
x [Signature] March 8, 2023
(Applicant's Signature) (Date Signed)

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