

Visual Acuity Examination Form

ISA Pickleball Referees are required to have a oth eyes, with or without corrective lenses. The nonths prior to credentialing, certification, or re	nis requirement must be met within 12
Referee's Name (Print)	USA Pickleball Member Number
Visual Acuity	Statement
For Eye Care I (Optometrist, ophthalmologist, or of physician assistant, registered no	ther medical doctor, optician,
I hereby state that the vision of the abo meets the requirements stated above o	
Eye Care Provider's Signature	Date of Eye Exam
Eye Care Provider's Name (Stamp/Print)	Eye Care Provider's Phone Number
For Refe	ree
I hereby attest to the authenticity of this form following USA Pickleball Officials: Directo Assessors, and	or of Officiating, Registered Trainers,
Referee's Signature	 Date Signed

Submit completed form to:

For Level 1/Level 2 Credentials: Assessor For Certification: Attach to application