



Vision Acuity Examination Form

USA Pickleball officials, including credentialed line judges and referees, are required to submit to the Director of Officiating a physician's or optometrist's statement that the official has uncorrected or corrected vision, when tested with both eyes open and in use, of 20/30 or better.

This requirement shall become effective according to the schedule published by the Director of Officiating and this form or an equivalent may be used

Printed Official's Name

USA Pickleball Member Number

Visual Acuity Statement

I hereby state that the vision of this USA Pickleball Official meets the requirements stated above with both eyes open and in use, either with or without correction on the date shown below. I also consent to having this information forwarded to USA Pickleball

Health Care Provider's Signature

Date of Eye Test

Health Care Provider's Printed Name

Health Care Provider's Phone Number

Tested Official's Signature

Date Signed

Certified Referees only: Please send a scan or photo of this document to

refcertadmin@usapickleball.org