



Visual Acuity Examination Form

USA Pickleball credentialed officials are required to have uncorrected or corrected vision of 20/30 or better when tested with both eyes open. This requirement must be met within 12 months prior to credentialing, certification, and renewal of certification. This statement may be completed by an optometrist, ophthalmologist, or other medical doctor, optician, physician assistant, registered nurse, or nurse practitioner.

Official's Name (Print)

USA Pickleball Member Number

Visual Acuity Statement

I hereby state that the vision of the above-named USA Pickleball Official meets the requirements stated above on the date of exam shown.

Eye Care Provider's Signature

Date of Eye Exam

Eye Care Provider's Name (Print)

Eye Care Provider's Phone Number

I hereby consent to the release of this statement to the USA Pickleball Director of Officiating.

Official's Signature

Date Signed

**Email completed form to:
For Level 1/Level 2 credentials: usaparefdata@gmail.com
For certification: refcertadmin@usapickleball.org**