



## 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

**Submit completed form to:  
For Level 1/Level 2 credentials: Assessor  
For certification: [refcertadmin@usapickleball.org](mailto:refcertadmin@usapickleball.org)**