

OREGON STATE POLICE



Oregon State Athletic Commission

500 Airport Rd SE
Salem, OR 97301
Telephone: 503-871-5091
FAX: 503-540-1440



REPORT OF EYE EXAM - OFFICIALS

SECTION 1. APPLICANT INFORMATION (to be completed by applicant)

First Name:	Middle:	Last:	
Address:	City:	State:	Zip:
Cell Phone: () -	Email Address:		
Male / Female (Circle One)	Age:	Date of Birth: (MM/DD/YY)	

Have you ever had blurred vision (not corrected by glasses or contact lenses)? **YES** **NO**

SECTION 2. EXAM INFORMATION

	VISUAL ACUITY WITH CORRECTION:	VISUAL ACUITY WITH BOTH EYES CORRECTED:
Right:	/	/
Left:	/	/
Remarks:		

Does the official have corrected visual acuity of 20/60 or better in each eye? **YES** **NO**

Physician's Remarks: _____

PHYSICIAN NAME (print) _____

CLINIC NAME _____

ADDRESS/CITY/STATE/ZIP CODE _____

PHYSICIAN SIGNATURE: _____ **DATE OF EXAM:** _____