

VISION EXAMINATION FOR REFEREES

STATE BOXING COMMISSION OF HAWAII
335 MERCHANT STREET, ROOM 329
HONOLULU, HI 96813
TELEPHONE: (808) 586-2701
FAX: (808) 586-2874

The applicant must have best corrected vision of 20/40 or better to be licensed as an official.

Name (First, Middle, Last) _____

Phone No. _____

Date of Birth _____

Address (Include Apt. No., City, State and Zip Code) _____

HISTORY - If possible provide the following information:

Name and hometown of physician in charge: _____

Has applicant ever had any of the following conditions:

1. Blurred vision? Yes No

2. Surgical procedures done to his/her eye(s) or the tissues around the eye other than simple sutures of the skin around the eye?

Yes No

If "Yes", please explain: _____

3. Has applicant ever been informed by a physician that he/she had significant eye problems such as retinal detachment, retinal tear, primary or secondary glaucoma, aphakia, pseudophakia, dislocated lens, or cataract?

Yes No

If "Yes", please explain: _____

4. Eye Disease? Yes No

List nature of diseases or injuries: _____

5. Eye Injury? Yes No

List nature of diseases or injuries: _____

EXAMINATION

VISION: Without / With Best Correction

If either eye is 20/40 or worse with **BEST CORRECTION**

Right _____ / _____

Right _____ Sph _____ Cyl x _____ Acuity _____

Left _____ / _____

Left _____ Sph _____ Cyl x _____ Acuity _____

OPTOMETRIST/OPHTHALMOLOGIST REMARKS: _____

The examining optometrist/ophthalmologist is requested to mail a copy of any report, directly to the State Boxing Commission of Hawaii of an applicant that has a condition that may preclude him/her from being licensed.

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Print Name of Applicant: _____

Date: _____

OPTOMETRIST/OPHTHALMOLOGIST:

I have read the above criteria and, in accordance with the vision requirements as stated therein, have examined the individual named on this form and

I **HAVE** **HAVE NOT** medically cleared him/her to be an official.

LICENSED PHYSICIAN'S NAME (Please Print)

PHYSICIAN'S LICENSE NO.

PHYSICIAN'S SIGNATURE

DATE

STREET ADDRESS

TELEPHONE NO. INCLUDING AREA CODE

CITY STATE ZIP CODE

FAX NO. INCLUDING AREA CODE