



## VISUAL ACUITY FORM

Pickleball Canada Referees are required to meet a requirement of 20/30 visual acuity using both eyes with or without corrective lenses.

_____	_____	_____
Referee's Name (print)	Pickleball Canada Member number	USA Pickleball Member number (optional)

### Visual Acuity Statement

I hereby state that the vision of the above named Pickleball Canada Referee meets the requirements stated above on the date shown below.

_____	_____
Health Care Provider's signature	Date of eye exam
_____	_____
Health Care Provider's name (print)	Health Care Provider's phone number
_____	_____
Referee's signature	Date signed

