EYE EXAMINATION FORM
FOR PROFESSIONAL REFEREES OR JUDGES ONLY

To be completed by a licensed Physician, Optometrist or Ophthalmologist

A. APPLICANT INFORMATION

Name:	Surname	First Name	Middle Name
Address:	Street		City
	Province/State	Country	Postal Code/ZIP
Telephone number:	Home (xxx-xxx-xxxx)	Other (xxx-xxx-xxxx)	
Medical insurance #:		Date of birth:	(yyyy-mm-dd)

B. EYE EXAMINATION (**Please note:** Performance of a dilated fundoscopy is **NOT** required)

Refractive State (R):_____ (L):_____

Visual Fields (R):_____ (L):_____

Visual Acuity (R):___/___ (L):___/___ Both: ___/___ ❑ Corrected ❑ Uncorrected

Fundi: Cornea: Intra-Ocular Pressure:

I hereby certify that I have examined _____ on this date _____
(print applicant's full legal name) (yyyy-mm-dd)

MUST CHECK ONE: Fit to officiate combat sports at this time ❑ Yes ❑ No

If 'No', please explain: _____

Name of Physician/ Optometrist/Ophthalmologist: _____

Name of Professional Governing Body: _____ Registration #: _____

Office Address: _____

Telephone Number: _____ Fax Number: _____

Email: _____

Physician/Optometrist/Ophthalmologist Signature: _____

Your personal information is being collected by the Commissioner or his or her delegate under sections 26(a) and 26(c) of the *Freedom of Information and Protection of Privacy Act*, for the purpose of processing licensing/registering applications under the *Athletic Commissioner Act*. For questions regarding the collection of personal information please contact the Office of the BC Athletic Commissioner at 250-952-6735 (in Victoria) or 1-855-952-6760 (toll-free).