

Tennis Australia Officials Eye Test Form

This form must be completed by an Optometrist or Ophthalmologist and submitted as part of your Tennis Australia Officials Membership registration.

Official's Name		State/Territory	
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This section to be completed by your Optometrist/Ophthalmologist

Vision Standards

Visual Acuity

Better Eye 6/6 or better
 Worse Eye 6/9 or better
 Binocularly 6/6 or better

Equivalents	Metre	Feet	Decimal	Percentage
	6/6	20/20	1.0	100
	6/9	20/13.5	0.67	67

Name of Optometrist/ Ophthalmologist	
Qualifications	
Address	
Telephone	
Email	

I certify that _____ (name of official) meets the vision standards listed above.

The official's visual acuity is: AIDED UNAIDED (please circle)

If the official requires spectacles or contact lenses to meet the standard, I certify that he/she possesses such, which meet the specification above.

Signature: _____ Date: _____