

Football Helmet Tinted Visor Authorization Form

(Developed in consultation with the Saskatchewan Association of Optometrists)
www.optometrists.sk.ca

Date of Eye Health Examination: _____

All requests for the use of the Helmet Eye Shield (visor) must be made to the RHSAA for due consideration and approval. No player shall use a tinted visor without proper completion of this form and acknowledgement of the inherent risk of harm should injury occur and medical treatment be delayed due to the inability for medical personnel to diagnose pupil response.

RHSAA Eye Shield Rules:

(1) All eye shields must be transparent in color. In the event of an injury, medical examination must be possible without the removal of the helmet.

Colored or tinted eye shields are prohibited as they present a safety issue. Medical certification must be by a qualified optometrist or ophthalmologist. Qualifying conditions include:

Chronic Uveitis	_____
Ocular Albinism	_____
Aniridia	_____
Traumatic Injury to the Iris	_____
Iridodyalisis	_____

Player's Name: _____ **Team Affiliation:** _____

Player's Address: _____

Player's Contact Phone Number: _____

Player's Reason for Request: _____

Player's Signatures: _____

Optometrist's/Ophthalmologist's Name: _____ **License #:** _____

Optometrist's/Ophthalmologist's Phone Number: _____

Optometrist's/Ophthalmologist's Comments: _____

Optometrist's/Ophthalmologist's Signature: _____

"This authorization expires one year from the eye health examination date"