

**GUARDVISION™**  
**SELF TESTING VISION SCREENING PROGRAM**  
**2010 KIT ORDER FORM**

THIS KIT WILL ENABLE YOUR AQUATIC FACILITY TO ECONOMICALLY PERFORM A VISION SCREENING OF LIFEGUARD CANDIDATES AT A CONVENIENT TIME. AFTER TESTING YOUR LIFEGUARDS VISION, THE COMPLETED LIFEGUARD SCREENING FORMS WILL BE MAILED BY YOU TO THE VISUAL FITNESS INSTITUTE FOR SCORING. VISIONS WILL BE COMPARED TO THE STANDARDS ESTABLISHED BY VFI OF 20/30 OR BETTER, IN EITHER EYE UNCORRECTED OR WITH CORRECTION. RESULTS WILL BE RETURNED TO YOUR FACILITY, BY FAX IF POSSIBLE, WITHIN 48 HOURS AND CAN BE PLACED IN YOUR RECORDS. ONE (1) VISION SCREENING FORM WILL BE NEEDED FOR EACH LIFEGUARD CANDIDATE. THIS TEST IS FOR SCREENING PURPOSES ONLY AND IS NOT INTENDED TO REPLACE A COMPREHENSIVE EYE EXAMINATION BY AN EYECARE PRACTITIONER.

**KIT CONTAINS:**

**Complete Instructions**

**Vision Screening Forms**

**Failure Forms**

**Telephone Support Number**

**Screening Results arrive via email**

**KIT COSTS: \$200.00 / per Facility up to 50 Candidates forms**  
**\$2.50 / per each additional Candidate form over 50 Candidates**

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FACILITY NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

Facility Staff Member Contact: \_\_\_\_\_ Staff Email: \_\_\_\_\_

NUMBER OF VISION SCREENING FORMS NEEDED (ONE PER CANDIDATE) \_\_\_\_\_

KIT CHARGE: \$200.00 (up to 50 forms) \$ \_\_\_\_\_

ADDITIONAL FORMS over 50 @ \$2.50 each \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

MAIL THIS FORM AND CHECK PAYABLE TO:

THE VISUAL FITNESS INSTITUTE 6 E. PHILLIP ROAD-SUITE 1110 VERNON HILLS, IL. 60061

Ph. 847-816-3131 FAX: 847-816-3142 WEB SITE : [www.visualfitness.com](http://www.visualfitness.com)

[info@visualfitness.com](mailto:info@visualfitness.com)

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