



Tinted Helmet Visor Application

The following form must be completed by a licensed ophthalmologist and approved by the NJSIAA Chief Medical Officer before the student-athlete can participate in any contest. The length of the approval will be determined by the ophthalmologist. This form is not for transition glasses.

Student Name: _____

School: _____ Date: _____

Sport: _____ Uniform # _____

Ophthalmologist's Name: _____

Ophthalmologist's Signature: _____

NJSIAA CMO: _____

CMO Signature: _____

Please see below the eye conditions that may qualify for a tinted helmet visor in addition to migraine prevention/management on a case-by-case basis.

1. Mydriatic (Dilated Pupil)

- a. Must be non-drug-induced and significant enough to impair vision.

2. Cataracts

- a. Centrally located cataracts within the visual axis (not peripheral).

3. Corneal Conditions

- a. Scar: Must be within the visual axis or close enough to cause visual disturbance.
 - Peripheral corneal scars or pterygia, do not qualify
- b. Abrasion or Ulcer (temporary approval).
- c. Edema (e.g., hydrops or acute blunt trauma).
- d. Infiltrates: Sub-epithelial infiltrates involving the central visual axis.
- e. Punctate Keratitis (SPK):
 - SPK must be centrally located or significant if peripheral.
 - Required tests: Staining with Fluorescein and Rose Bengal or Lissamine Green. Schirmer's test is required if Dry Eye Syndrome is diagnosed.
 - Mild inferior SPK or staining on the bulbar conjunctiva does not qualify.

4. Eyelid and Lash Abnormalities

- a. Significant eyelash loss.

5. Pterygium

- a. It must be within 2 mm of the visual axis. Peripheral small pterygium does not qualify.

6. Iris Abnormality

- a. Conditions such as aniridia or significant iris sphincter tears causing notable mydriasis.

7. Retinal Pathology

- a. Acute conditions like commotio retinae.
- Excludes lattice degeneration, paving stone, previous retinal detachment surgery, or laser treatments for tears/holes (use clear visors instead).

8. Posterior Uveitis

9. Rod-Cone Dystrophy

10. Acute Iritis: Temporary approval.

11. Fractured Orbit: 6-week approval, then switch to a clear visor.

12. LASIK or PRK (photorefractive keratectomy) do not qualify.

Please list and explain any conditions above that would qualify the named student to wear a tinted helmet visor.

Please list the duration of this approval.

Ophthalmologist's Signature: _____

Please note: This form must be presented to the head official prior to the start of each game. This form is only valid for the duration noted above. A new form must be submitted each school year.