**VISION EXAMINATION FORM**

**Vision Requirements**

Vision examinations shall be administered by a physician, licensed nurse, ophthalmologist or optometrist, or by personnel approved by the employer’s Level III.

## Near Distance Vision Acuity

You must have visual acuity in at least one eye capable of reading the **Jaeger J1** test chart, or equivalent, at a distance of not less than 30.5 cm (12 in.)

## Color vision

You must be able to differentiate between the colors used in the NDT method(s) in which certification is sought.

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## Attestation of Visual Acuity

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Eye Exam Date \_\_\_\_\_\_\_\_\_\_\_ |  | | |  | | | | |
| Candidate Name \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| I attest that I administered a **near distance examination** on the candidate named above, and that the candidate has natural or corrected near-distance acuity in at least one eye capable of reading the **Jaeger Number 1** test chart or equivalent at a distance of not less than 30.5 cm (12 in.).  I attest that I administered a **color perception examination** on the candidate named above, and that the candidate has: | | | | | | | | |
| No Color Perception Deficiency | | Color Perception Deficiency (Specify) | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Signature of Eye Examiner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Examination\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Ophthalmologist/Optometrist | | Physician | | | Registered Nurse | | | |
| Employer’s Level III | Certificate No: | |  | | | Expiration Date: | |  |