



Vision Test

This is to verify that:

Name of Applicant: _____ **D.O.B:** _____

Meets the following criteria:

1. Near vision to permit the reading of a minimum Jaeger number 1 or Times Roman N4.5 or equivalent letters at not less than 300 mm with one or both eyes, either corrected or uncorrected.
Or
Read a minimum of 9 lines on ISO 18490 optotypes, at a distance of 400 mm in at least one eye, either uncorrected or corrected.
Corrective Lenses Worn? Yes / No

2. Colour vision and/or grey scale perception be sufficient for the individual to be able to distinguish and differentiate between the colours or shades of grey used in the NDT methods/ techniques concerned as specified by the employer. The colour vision test shall either confirm that the individual has acceptable colour vision without restriction or shall state any limitation(s) on colour perception.

Where any limitation in colour perception exists, the employer shall confirm whether or not this condition results in any limitation(s) to method or application specific techniques.

Colour Assessment Used: _____

Stamp/Seal of Verifying Authority

This certificate must be signed and stamped by the verifying authority (eg: Optometrist)

Name of Verifying Authority: _____

Signed by Verifying Authority: _____

Date of Assessment: _____

Alternative Option:

An alternative vision test such as work vision assessment, no less stringent than the above, may be acceptable to the AINDT provided a formal written test procedure is submitted with the application, or currently held by AINDT.

Formal Written test procedure is attached: Yes No Currently held by AINDT

Note: Subsequent to certification, near vision shall be tested annually, colour vision 5 yearly.
The responsibility for this rests with the certified Person and/or employer.

<u>ADMINISTRATION USE ONLY</u>	
Administrator: <input style="width: 90%;" type="text"/>	Vision Test Certificate Verified? <input style="width: 90%;" type="checkbox"/>