

AURORA INSTITUTE OF NDT

33 Metha Layout, Masakalipalayam Road, Peelamedu, Coimbatore-641004 Phone No. : 0422-6566616e-mail : aiiscbe@gmail.com

VISUAL ACUITY 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. The visual examination date must be within 12 months of the date that this application is signed. This form may be used to document the requirement.

Near distance vision

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 cm (12in.)

 \bigcirc Without Correction \bigcirc With Correction

Colour vision

You must be able to differentiate between the colours used in the NDT me	ethod(s) for which a	certification is
required.		

Attestation of Visual Acuity

Eye Exam Date

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 cm (12 in.).

I attest that I administered a colour perception examination on the candidate named above, and that the candidate has:

○ No Colour Perception Deficiency

○ Colour Perception Deficiency (Specify)

(Signature of Eye Examiner with seal)

(License number)

Ophthalmologist/Optometrist

Physician

○ Registered Nurse

○ Other (Approved by employer's Level III) Title : _____

Mailing address & Contact No :