

VISUAL ACUITY EXAMINATION RECORD*(In accordance with SNT TC 1A, 2016 section 8.2)*
THE ENGINEERS EDGE
 INSTITUTE OF NDT

THE FOLLOWING THREE SECTIONS ARE TO BE COMPLETED BY THE EYE EXAMINER

1. Please verify the candidate's close vision acuity to Jaeger J2 or equivalent specifications at a distance of 12 inches or greater (≥ 30.5 cm): *(please check one of the following)*

	Both eyes require corrected vision to J2 or Equivalent
	Only one eye needs corrected vision to J2 or Equivalent
	No correction is required.

2. Through a color perception examination, is the applicant colorblind? *(Please check one of the following)*

	No, candidate is not colorblind
	Yes, candidate is colorblind

3. CUSTOMER NAME: _____

DATE OF EYE EXAMINATION: _____

EXAMINER NAME: _____

TELEPHONE NUMBER: () _____ - _____

EXAMINER

ADDRESS: _____

CITY: _____ **STATE:** _____

PIN: _____ **COUNTRY:** _____

EXAMINER PROFESSIONAL STATUS BY *(please check only one)*

Ophthalmologist Optometrist Medical Doctor

EXAMINER SIGNATURE: _____

LICENSE NUMBER: _____