

EYEFITNESSCERTIFICATE

Name of the candidate:

Address:

TEST/EXAMINATION RESULTS (To be completed as detailed below)

	Meets Without Eye Correction	Meets With Eye Correction
(1) Far Vision - 20/40 Minimum	<input type="checkbox"/>	<input type="checkbox"/>
(2) Near Vision - Jaeger 1/.J2 letters at 12 inches	<input type="checkbox"/>	<input type="checkbox"/>
(3) Color Perception Pseudoisochromatic Plates		
(a) Red/Green Differentiation	<input type="checkbox"/>	<input type="checkbox"/>
(b) Blue/Yellow Differentiation	<input type="checkbox"/>	<input type="checkbox"/>
(c) Shade of Grey	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

DOCTOR/EXAMINER INFORMATION (To be completed as detailed below)

I administered the vision examination(s) to the applicant/candidate

The examiner's professional title is:

- Optometrist
 Medical Doctor
 Registered Nurse
 Certified Physician's Assistant
 ASNT/SNT-TC-1A Level III
 ANSIN 45.2.6 Level III

Name of the Doctor/Examiner with stamp:

Signature of Doctor/Examiner:

Place:

Date: