



EYE FITNESS CERTIFICATE

Name of the candidate: _____

Address: _____

Date of Birth: _____

Organization: _____

Near Vision: Corrected / Natural

Left Eye: _____ Right Eye: _____

Color Vision:

Remarks of the Eye Specialist / Medical Practitioner / Optometrist whether the candidate meets the requirement of the standards.

(Please see extract of the standards below) Yes / No

Signature of the Eye Specialist / Medical Practitioner / Optometrist:

Name / Regd. No.: _____

Address _____

Seal

Place: _____

Date: _____

STANDARD VISION REQUIREMENTS

The candidate shall provide documented evidence of satisfactory vision in accordance with the following requirements.

- a. Near vision shall permit reading a minimum of Jaeger number 1 or Times Roman N4.5 or equivalent type and size letter (height of 1.6mm) at not less than 30cm with one or both eyes, either corrected or uncorrected.
- b. Color vision shall be sufficient that the candidate can distinguish and differentiate between the colors or shades of grey used in the NDT method concerned and colour vision to be tested as per ISHIHARAS charts.