RECORD OF VISION TEST V1.0

Details of candidate being tested

Candidates Name: _____

Address: _____

Date of Birth (DD/MM/YYYY): / / Employer: _____

Telephone: _____ Email: _____

To comply with certification requirements, all CSWIP & BGAS Certificate holders are required to submit results of an eye test performed by a medically recognised person within the last 12 months prior to the examination date.

Near Vision Acuity (To be carried out for all candidates)

Individual shall be capable of reading **Times New Roman N4.5** or **Jaeger J1** on a standard reading test plate at a distance of not less than 30 cm unaided or corrected in at least one eye or read at least 9 of 10 lines of tumbling E (as per **EN ISO 18490**) at a distance of 400 ± 25mm by both eyes.

Tumbling E result..... of 10 lines

UNCORRECTED ☐ CORRECTED ☐ IS NOT ABLE ☐

Colour Perception

To be carried out on candidates who use colour perception in the testing ie. NDT, Painting inspection etc

Colour perception shall be assessed by the **Ishihara** 24 plate test. Individual shall be able to distinguish contrast between the colours used in the NDT method concerned as specified by the employer. If misreading any of the first 17 plates is detected during the Ishihara test, a further "trade test" is to be carried out by candidate's employer. The candidate's employer shall be informed where any colour deficiency is recorded.

ACCEPT ☐ REJECT ☐

Details of Medically Recognised Person	
Organisation:	Telephone number:
Name:	Registration or licence number:
Date of test:	Official stamp (if supplied):
Signature:	