

**ATTACHMENT 1  
VISUAL ACUITY RECORD**

NDE Personnel are required to pass an eye examination, with or without corrective lenses, to prove:

- (1) distance vision acuity of 20/40 or better,
- (2) near vision acuity Jaeger’s J1 & J2 letters at a distance of 12 inches, and
- (3) Snellen English at a distance of 12 inches,
- (4) color perception for blue/yellow and red/green differentiation as measured on pseudo-isochromatic plates.

This form is to be completed by the person administering the vision examinations and is subject to the following conditions:

- The person administering the eye test must be an optometrist, medical doctor, or registered nurse.
- The date of the eye test must not be more than 7 months prior to the date of the Inspector examination or rectification.

**NOTE:** Visual acuity records which do not comply with the above will be returned to the applicant as unacceptable.

---

**Applicant’s Name** **Certification Number** **Z Number**

Check one for each vision test listed below

	<b>Yes: Without Eye Correction</b>	<b>Yes: With Eye Correction</b>	<b>No</b>
<b>Distance Vision 20/40 or better</b>			
<b>Near Vision Jaeger’s J1 Letter or Snellen English at a distance of 12 inches</b>			
<b>Jaeger’s J2 Letters at a distance of 12 inches</b>			
<b>Color Perception Pseudo-isochromatic Plates Red/Green Differentiation Blue/Yellow Differentiation</b>			

I certify that the result of an examination administered listed to the above named applicant has vision capability as listed above:

---

**Signature of Test Administrator**

---

**Date**

---

**Type or Print Name of Administrator**

---

**Title**

---

**Address**