



INDIAN SOCIETY FOR NON – DESTRUCTIVE TESTING
NATIONAL CERTIFICATION BOARD
EYE EXAMINATION REPORT - NDT PERSONNEL

Three vision assessments may be required: Near Vision, Distance Vision (visual testing method only) and Colour Vision (initial certification only). This form must be completed and returned to the NDT Certifying Agency when applying for examination in any NDT method, renewal of certification or recertification.

CANDIDATE'S NAME: _____

Near Vision and Distance Vision – to be completed by medically recognized personnel (ophthalmologist, optometrist)													
Near vision acuity: shall permit reading T Roman N4.5 (Jaeger number 1) or equivalent at not less than 30 cm with one or both eye corrected or uncorrected.	Distance vision acuity: (required only for the letters visual testing method) shall equal Snellens, either Fraction 20/30 or better in at least one eye, either corrected or uncorrected												
I CONFIRM THAT THE CANDIDATE: (Please tick; <u>one</u>)	I CONFIRM THAT THE CANDIDATE: (Please tick; <u>one</u>)												
<table border="1"><tr><td>Meets the requirement without correction</td><td>() () with one Eye or both Eyes</td></tr><tr><td>Meets the requirement with correction</td><td>() () with one Eye or both Eyes</td></tr><tr><td>Does not meet the requirement</td><td></td></tr></table>	Meets the requirement without correction	() () with one Eye or both Eyes	Meets the requirement with correction	() () with one Eye or both Eyes	Does not meet the requirement		<table border="1"><tr><td>Meets the requirement without correction</td><td>() () with one Eye or both Eyes</td></tr><tr><td>Meets the requirement with correction</td><td>() () with one Eye or both Eyes</td></tr><tr><td>Does not meet the requirement</td><td></td></tr></table>	Meets the requirement without correction	() () with one Eye or both Eyes	Meets the requirement with correction	() () with one Eye or both Eyes	Does not meet the requirement	
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Does not meet the requirement													

Name of the Eye Specialist (Please Print/Type) Signature of the Eye Specialist

Appointment/Title Date of Eye Examination Regd. No / Seal

Colour Vision including shades of Grey for RT (required only for initial certification, not for renewal or recertification) - to be completed by medically recognized personnel or the employer or certified level 3 NDT personnel.

NOTE: A candidate who passes an Ishihara test (short or long) is acceptable. As an alternative or in case of a failure of an Ishihara test, the employer or Level 3 NDT personnel may administer a performance test to confirm if the candidate can see flaw indications that are typical of the method. Example: In liquid penetrant, confirm that the candidate can see red indications on a white background and fluorescent-green indications on a variety of backgrounds.

I CONFIRM THAT THE CANDIDATE CAN DISTINGUISH CONTRAST BETWEEN THE COLOURS USED IN THE NDT METHOD(S) CONCERNED AS SPECIFIED BY THE EMPLOYER (OR PASSED AN ISHIHARA TEST).

Examiner's Name (Please Print/Type) Examiner's Signature

Appointment/Title Date of Eye Examination