FORM 01
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	**Yes: Without Eye Correction**	**Yes: With Eye Correction**	**No**
Distance Vision **20/40 or better**			
Near Vision **Jaeger's J1 Letter or Snellen English at a distance of 12 inches**			
Jaeger's J2 Letters at a distance of 12 inches			
Color Perception **Pseudo-isochromatic Plates**			
Red/Green Differentiation			
Blue/Yellow Differentiation			

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