

FORM 01 VISUAL ACUITY RECORD¹



CUI//HLTH/PRVCY

VISUAL ACUITY RECORD

NDE Personnel are required to pass a vision examination, with or without corrective lenses, to prove: (1) near vision acuity Jaeger J1* distance of not less than 12 inches, and (2) color perception for blue/yellow and red/green differentiation as measured on Ishihara or HRR 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 Ophthalmologist, Optometrist, Medical Doctor, Registered Nurse or Certified Physician Assistant or by other ophthalmic medical personnel at LANL Occupational Medicine. If specifically approved by the Level III, the examination may be performed by offsite (non-LANL) personnel with the noted qualifications.
- Pharmacological agents (eye drops) that would improve or enhance visual acuity at any distance shall not be used.
- This examination is invalid and must be repeated if the individual has any form of eye surgery after this examination.

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

Applicants Name **znumber**

Check one for each vision test listed below:

	Pass: Without Eye Correction	Pass: With Eye Correction	Does Not Meet Requirements
Distance Vision 20/40 or better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Near Vision			
Jaeger J1 Letter or Snellen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20/22 at a distance not greater than 12 inches			
Color Perception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Red/Green Differentiation			
Blue/Yellow Differentiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Medical Reviewer

Date

Print Name Reviewer

Title

Address

¹ Example of form generated by Occupational Health's WeCare/Cority electronic health and safety record system. Other forms and formats meeting the expectations of WIGN 6-02 Att. 1, *Written Practice for Qualification and Certification of LANL Nondestructive Examination Personnel* (e.g., §6.2 on vision examination), are allowed.