



ADVANCED QUALITY CENTRE

Ph. : 04224342244 , Mobile : 94893 42244 , E-mail : aqcinspection@gmail.com

VISUAL ACUITY FORM

Introduction

Vision examinations shall be administered by a physician, licensed nurse, ophthalmologist or optometrist, or by personnel approved by the employer's Level III. The visual examination date must be within 12 months of the date that this application is signed. This form may be used to document the requirement.

Attestation of Visual Acuity

Candidate Name : _____ Eye Exam Date: _____

Near distance vision

I attest that I administered a near distance examination on the candidate named above, and that the candidate has natural or corrected near-distance acuity in at least one eye capable of reading the Jaeger Number 1 test chart or equivalent at a distance of not less than 30 cm (12 in.).

Without Correction

With Correction

Colour vision

I attest that I administered a colour perception examination on the candidate named above, and that the candidate has:

No Colour Perception Deficiency

Colour Perception Deficiency (Specify)

(Signature of Eye Examiner with seal)

(License number)

Ophthalmologist/Optometrist

Physician

Registered Nurse

Other (Approved by employer's Level III) Title : _____

Mailing address & Contact No :