Vision Requirements

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. The form below may be used to document this requirement.

Near distance vision
You must have visual acuity in at least one eye capable of reading the Jaeger J1 test chart, or equivalent to 20/20, at a distance of not less than 30 cm (12in.)

Color vision
You must be able to differentiate between the colors used in the NDT method(s) for which certification is required.

Attestation of Visual Acuity

Eye Exam Date __________________________

Candidate Name (please print) __________________________________________________

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.).

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

☐ No Color Perception Deficiency ☐ Color Perception Deficiency (Specify) __________________________

Signature of Eye Examiner __________________________ Date ____________

☐ Ophthalmologist/Optometrist ☐ Physician ☐ Registered Nurse

☐ Employer’s Level III Certificate No: ____________ Expiration Date: ____________

☐ Other (Approved by the Employer’s Level III): Title: __________________________________________

Employer Attestation (for Candidate Color Perception Deficiency)
If the candidate has a color perception deficiency, the candidate’s ability to distinguish colors used in the applicable method(s) as specified by the employer must be confirmed by the employer or a designated and responsible agent of the employer (such as an ASNT Level III, ACCP Professional Level III, or company Level III per SNT-TC-1A).

I attest that the above named candidate has sufficiently demonstrated the ability to distinguish colors used in the applicable test method(s) as specified in employer procedures.

Employer/Agent Signature __________________________ Date __________

Employer/Agent Name (print) __________________________________________

ASNT ID (if applicable) __________________________________________