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, at a distance of not less than 30.5 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 30.5 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)

Title ____________________________