

# Minimum Vision Requirements

Vision examinations are the responsibility of the employer.

## Near Vision Acuity

As part of initial certification, and annually thereafter, near vision acuity shall be verified to be in accordance with the requirements of ISO 18490 or shall require reading a minimum of Jaeger Number 1 or Times Roman N4.5 or equivalent letters at not less than 12 in. (30 cm) with one (1) or both eyes, either corrected or uncorrected.

## Color Vision

As part of initial certification, recertification, or renewal, the candidate or certificate holder shall demonstrate that a color vision test has been administered within the previous five (5) calendar years.

## Vision Documentation

Near vision acuity testing, color vision and/or gray scale perception verification(s) shall be administered by a licensed physician, nurse, ophthalmologist, or optometrist; or by another trained professional who is approved and documented by a Level III personnel acting on behalf of the employer. The identified person's name and signature shall be on the documentation submitted by the candidate or certificate holder.

## 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 12 in. (30 cm).

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 Number \_\_\_\_\_ 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, ASNT 9712 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