



VISUAL ACUITY RECORD

The eye examiner must be either a medical personnel or NDT Level III and must indicate his or her title in the space provided below.

DATE: _____
NAME: _____

TESTS	Meets without eye correction	Meets with eye correction	Does not meet
1. Standard Jaeger's Test chart for near vision J1 size letters (minimum for NAS410 and ASME Section V, Article 9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J2 size letters (minimum for SNT-TC-1A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Far vision 20/40 or better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Meets	Does not meet	
3. Color Perception Pseudioisochromatic plates (Ichihara plates)	<input type="checkbox"/>	<input type="checkbox"/>	
4. Color Perception Individual does not meet Pseudioisochromatic plates color perception or the equivalent but has demonstrated the ability to differentiate among the colors used in the method(s) in which they are certified.	<input type="checkbox"/>	<input type="checkbox"/>	
5. Shades of Gray	<input type="checkbox"/>	<input type="checkbox"/>	

The examination should ensure natural or corrected near-distance acuity in at least one eye such that the applicant is capable of reading a minimum of Jaeger Number 2 or equivalent type and size letter at the distance designated on the chart but not less than 12 inches on a standard Jaeger test chart. The ability to perceive an Ortho-Rater minimum of 8 or similar test pattern is also acceptable.

I hold one of the following job titles: (Check one)

- Optometrist Medical Doctor Other
 Registered Nurse NDT Level III

I certify that I have administered a visual acuity exam to the individual named above and he has demonstrated the vision capabilities indicated above.

State License # or NDT Cert # _____ NDT Cert.#2362

Signature of eye examiner _____

Professional Address _____ 72 East Hill St., Mt. Juliet, TN 37122

Telephone number _____ 615-754-4147