NDT PERSONNEL CERTIFICATION TO THE STANDARD CAN/CGSB 48.9712-2000

EYE EXAMINATION REPORT

In accordance with the Standard CAN/CGSB 48.9712-2000 "Non-destructive Testing – Qualification and Certification of Personnel", this Eye Examination Report, consisting of two vision requirements (Near Vision Part A) and (Colour Vision Part B), is to be completed and returned to the NDT Certifying Agency when applying for any of the following:

- Examination in any of the five NDT Methods
- Renewal of pocket card certificate
- Re-certification (10th anniversary of certification)

CANDIDATE'S NAME: _____ **REGISTRATION NUMBER:** _____

I AM SUBMITTING FOR THE FOLLOWING: EXAMINATION ❑ RENEWAL ❑ RE-CERTIFICATION ❑

Part A Near Vision

To be completed by medically recognized personnel

Evidence of satisfactory vision, as determined by an Ophthalmologist, Optometrist, physician, nurse or other medically recognized person, in accordance with the following requirement:

Near vision acuity shall permit reading a **minimum** of Jaeger number 1 or Times Roman N4.5 or equivalent letters at not less than 30 cm with one or both eyes, either corrected or uncorrected.

I CONFIRM THAT THE ABOVE MENTIONED CANDIDATE: *(Please check ✓ one)*

MEETS ***WITHOUT*** CORRECTION ❑ MEETS ***WITH*** CORRECTION ❑ DOES NOT MEET ❑

_____ Examiner's Name (**Please Print/Type**)

_____ Examiner's Signature

_____ Appointment/Title

_____ Date of Eye Examination

Part B Colour Vision

To be completed by any of the following:
the employer; medically recognized personnel; or certified level 3 personnel

I CONFIRM THAT THE ABOVE-MENTIONED CANDIDATE CAN DISTINGUISH AND DIFFERENTIATE CONTRAST BETWEEN THE COLOURS USED IN THE NDT METHOD(S) CONCERNED

_____ Examiner's Name (**Please Print/Type**)

_____ Examiner's Signature

_____ Appointment/Title

_____ Date of Eye Examination

NOTE: CERTAIN PROVINCIAL HEALTH CARE PROGRAMS MAY NOT COVER THE COST FOR AN EYE EXAMINATION