Natural Resources Canada | Ressources naturelles Canada

Canada

NRCAN EYE EXAMINATION REPORT - NDT PERSONNEL

Three vision assessments may be required: Near Vision, Distance Vision (visual testing method only) and Colour Vision (initial certification only). This form must be completed and returned to the NDT Certifying Agency when applying for examination in any NDT method, renewal of certification or recertification.

CANDIDATE'S NAME: ________________________________ **REGISTRATION NUMBER:** ____________

Near Vision and Distance Vision – to be completed by medically recognized personnel (ophthalmologist, optometrist, physician, nurse, etc.)

Near vision acuity: shall permit reading Times Roman N4.5 (Jaeger number 2) or equivalent letters at not less than 30 cm with one or both eyes, either corrected or uncorrected.

I CONFIRM THAT THE CANDIDATE:
(Please check ☑ one)
☐ Meets the requirement without correction
☐ Meets the requirement with correction
☐ Does not meet the requirement

Distance vision acuity: **(required only for the visual testing method)** shall equal Snellen Fraction 20/30 or better in at least one eye, either corrected or uncorrected.

I CONFIRM THAT THE CANDIDATE:
(Please check ☑ one)
☐ Meets the requirement without correction
☐ Meets the requirement with correction
☐ Does not meet the requirement

Examiner's Name (**Please Print/Type**) ______________________ Examiner's Signature ______________________

Appointment/Title ______________________ Date of Eye Examination yyyy/mm/dd ______________________

Colour Vision (required only for initial certification, not for renewal or recertification)
- to be completed by medically recognized personnel or the employer or certified level 3 NDT personnel.

NOTE: A candidate who passes an Ishihara test (short or long) is acceptable. As an alternative or in case of a failure of an Ishihara test, the employer or Level 3 NDT personnel may administer a performance test to confirm if the candidate can see flaw indications that are typical of the method. Example: In liquid penetrant, confirm that the candidate can see red indications on a white background and fluorescent-green indications on a variety of backgrounds.

I CONFIRM THAT THE CANDIDATE CAN DISTINGUISH CONTRAST BETWEEN THE COLOURS USED IN THE NDT METHOD(S) CONCERNED AS SPECIFIED BY THE EMPLOYER (OR PASSED AN ISHIHARA TEST).

Examiner's Name (**Please Print/Type**) ______________________ Examiner's Signature ______________________

Appointment/Title ______________________ Date of Eye Examination yyyy/mm/dd ______________________

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