

VISION CERTIFICATE



This is to verify that: CBIP Number:
(Name of applicant)

Meets the following criteria:

Near vision acuity to permit reading a minimum of Jaeger number 1 or Times Roman N 4.5 or equivalent letters (having a height of 1.6mm) with one or both eyes, either corrected or uncorrected.

Far vision acuity corrected or uncorrected in at least one eye of 6/12 or better.

Distance visual acuity of 6/12 or better RE uncorrected LE uncorrected

RE corrected LE corrected

Near visual acuity of at least N4.5 (J1) at 30cm corrected uncorrected

Criteria reached with current glasses yes no – new rx required

Colour vision shall be sufficient to distinguish and detect contrast between the colours of red/green, blue/yellow colours and shades of grey

Ishihara colour vision test or equivalent yes no – new rx required

If fail further testing done - YES / NO Test type _____

Name of verifying authority:
Please print

Date:

Stamp/seal of verifying authority:
Please place stamp/seal or other identifying mark here:

