

Colour Vision Test Application Form

Personal Details of Applicant

Name: _____

Address: _____

Craft/Occupation: _____

PPS Number:

Date of Birth:

Phone (Home): _____

Phone (Mobile): _____

Employer: _____

Applicant:

Please sign the back of your Passport Photograph and place this space.

Colour Vision Test Details (To be completed by the Colour Test Assessor)

Please Note: SOLAS will not accept a Colour Vision Test Statement if coloured filters were needed in order to pass the colour vision test

Date of Colour Vision Test:

Colour Filters Worn: Yes: No:

SOLAS approved colour vision test is the Ishihara vision test 24 Plate Edition.

	Pass	Fail
Ishihara Colour Vision Test:	<input type="checkbox"/>	<input type="checkbox"/>

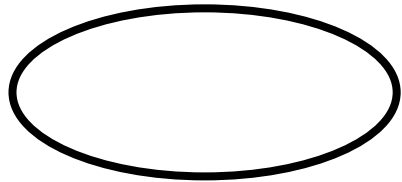
Occupation of person who conducted the Colour Vision Test: Endorse with Company Stamp:

(Please tick)

Optician:

Medical Doctor:

Optometrist:



Colour Test Assessor:

I certify that I have examined the above named individual as identified in the passport photograph above for a colour vision test.

Signed: _____

Date: _____

Declaration

I declare that the information given by me in this form is true, complete and accurate.

Applicant:

Signed: _____

Date: _____