

# Vision requirements for NDT personnel

Surname, forename: ..... Date of birth: .....

Employer: .....

## 1. NEAR VISION

Prior to certification and annually thereafter, near vision acuity shall be verified to be in accordance with the requirements of EN ISO 18490 or 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.

- Testing with **Jaeger No. 1 letters**       Testing with **Times Roman N4.5 letters**  
 Testing according to **EN ISO 18490**

**RESULT:**       passed **without** visual aid    passed **with** visual aid       **failed**

## 2. COLOR VISION

Prior to certification, renewal or recertification, the candidate or certificate holder shall demonstrate that a color vision test has been administered within the previous 5 calendar years. Color vision shall be sufficient for the individual to be able to distinguish and differentiate between the colors or shades of grey used in the NDT methods or techniques concerned as specified by the employer.

- Testing with **Ishihara** color test with 24 plates  
 Testing with gray scale charts  
 Testing according to workplace requirements

**RESULT:**       Color vision is sufficient       Color vision is **not** sufficient

**Note:** Where any limitation in color perception exists, the employer shall confirm whether this condition results in any limitation to method or application specific techniques.

## 3. FAR VISION (VT VISUAL TESTING ACCORDING TO EN 13018)

For the performance of general visual testing according to EN 13018, the far vision shall be checked annually using the standard optotype in accordance with EN ISO 8596 visual acuity grade 0,63 in at least one eye corrected or uncorrected.

**RESULT:**      **Visual acuity 0.63 or higher**    met **without** visual aid    met **with** visual aid       **not met**

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The signatory\* confirms that the above-mentioned minimum requirements for visual acuity according to **EN ISO 9712, 7.4** are met:

.....  
Place, Date

.....  
Name and signature / Stamp

\* Licensed physician, nurse, ophthalmologist or optometrist; or another trained professional authorized in writing by Level 3 personnel acting on behalf of the employer.

**IMPORTANT:** This form may be used as a template and serves as evidence within the scope of a qualification and certification according to EN ISO 9712.