**EXAMINATION OF PHYSICAL CAPABILITY**

Surname, first name, title:

Date of birth:

Vision examination of above mentioned person has found out that:

**I.** He/she is

 **CAPABLE**\* [ ]   **INCAPABLE**\* [ ]

to read a text from a short distance minimally by the Jaeger test No.1 or Times Roman N 4.5 or equivalent letters (having a height of 1,6 mm) at not less than 30 cm with one or both eyes, either corrected or uncorrected

**II. He/she** has

 **SUFFICIENT** \* [ ] **UNSUFFICIENT** \* [ ]

color vision to distinguish and differentiate contrast between the colors or shades of grey used in the NDT method concerned, as specified by the employer. (for example Ishihara or its equivalent) (every 5 years)

for candidates for **visual method** only:

III. **He/she** is

**CAPABLE**\* [ ]   **INCAPABLE**\* [ ]

to see sight distance according to standardized optotype in accordance EN ISO 8596, degree of visual acuity 0,63 at least one eye with or without optical aids.

*\* cross the appropriate answer*

**Date:**

**Name, signature and seal:**

(Ophthalmologist or other person medically recognized)