# Eye Exam Report

Two vision assessments shall be required: Near Vision and Color Vision (initial certification and annually). This form must be completed and returned to the NDT Certifying Authority for approval and record keeping.

**CANDIDATE'S NAME:** **Cyle Bourque**

**Near Vision-(required for initial and annual certification)** to be completed by medically recognized personnel (ophthalmologist, optometrist, physician, nurse, etc.), Level III or delegate.

***Near vision Acuity**:* shall permit reading Times Roman N4.5 (Jaeger number 2)
No less than 12 inches, with one or both eyes, with corrected or uncorrected vision.

**I confirm that the candidate**:

✓ (*please check one*)

☑ Meets the requirement without correction

☐ Meets the requirement with correction

☐ Does not meet the requirement

**Jaeger Results**

✓ (*Please check one*)

☐ J1 (pass) ☐ J4 (Fail)

☑ J2 (pass) ☐ J7 (Fail)

☐ J3 (Fail) ☐ J8 (Fail)

Derrick Landry
Examiner's Name (Please Print/Type)

Examiner's Signature

Quality Manger
Appointment/Title

10/26/2026
Date of Eye Examination

**NOTE**: Customer specifications may require **J1** as the minimum acceptance.

**Color Vision (required for initial and annual certification.)**
To be completed by medically recognized personnel or certified Level III NDT personnel or delegate.

**Note**: A candidate who passes Pseudo-Isochromatic Color Vision Test is acceptable. As an alternative or in case of a failure of an Pseudo-Isochromatic Color Vision Test, the certified level III NDT personnel may administer a performance test to confirm if the candidate can see flaw indication 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 colors used in the NDT method(s) concerned as specified by the employer (or passed a Pseudo-Isochromatic Color Vision Test).**

Derrick Landry
Examiner's Name (Please Print/Type)

Examiner's Signature

Quality Manager
Appointment/Title

10/26/2026
Date of Eye Examination

QA Manger (Derrick Landry)

10/26/2026
Date of Approval

**Note:** Company quality manager is required to sign off verifying that the candidate meets vision requirements.