

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: Johnathan Slinger

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**

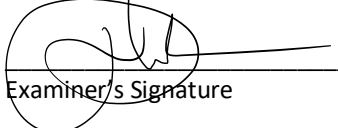
Derrick Landry
Examiner's Name (Please Print/Type)

Quality Manger
Appointment/Title

Jaeger Results

✓ (Please check one)

- ☐ J1 (pass) ☐ J4 (**Fail**)
- ☒ J2 (pass) ☐ J7 (**Fail**)
- ☐ J3 (**Fail**) ☐ J8 (**Fail**)


Examiner's Signature

7/21/2026
Date of Eye Examination

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

Color Vision (required for initial and annual certification.)

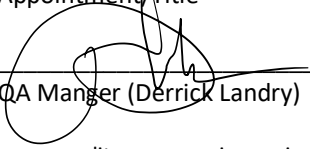
To be completed by medically recognized personnel or certified Level III NDT personnel or delegate.

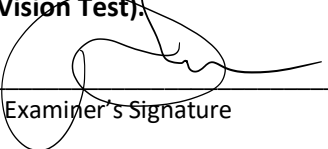
Note: A candidate who passes Pseudo-Isochromatic Color Vision Test is acceptable. As an alternative or in case of a failure of an Pseudo-Isochromatic Color Vision Test, the certified level III NDT personnel may administer a performance test to confirm if the candidate can see flaw indication that are 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)

Quality Manager
Appointment/Title


QA Manger (Derrick Landry)


Examiner's Signature

7/21/2026
Date of Eye Examination

7/21/2026
Date of Approval

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