

## Colour Vision Test Application Form

### Personal Details of Applicant

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Trade: \_\_\_\_\_

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: \_\_\_\_\_