



# VISION TEST REPORT FORM FOR X-RAY FLUORESCENCE (XRF) ANALYZER OPERATOR PERSONNEL

This form must be completed and submitted to the Natural Resources Canada (NRCAN) National Non-Destructive Testing Certification Body (NDTCB) when applying for x-ray fluorescence (XRF) analyzer operator initial certification, certification renewal and recertification. Completed Vision Test Report Forms are valid for a period of one year (12 months). Incomplete documentation may lead to longer processing times.

**Two visual acuity tests are required:**

- 1. Near Vision Acuity
- 2. Colour Vision

**Please note:** This form is for XRF applications only. It is not valid for and cannot be used for Non-Destructive Testing (NDT) applications.

Candidate's Name: \_\_\_\_\_

Registration #: \_\_\_\_\_

Candidate's Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
YYYY MM DD

**Near Vision Acuity:**

The near visual acuity test must be completed, signed for, and dated by medically recognized personnel (E.g., ophthalmologist, optometrist, physician, registered nurse, etc.), the candidate's employer, or a certified Level 2 XRF personnel.

**1. Near Vision Acuity:**

Near vision acuity shall permit reading a minimum of Jaeger number 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.

**I confirm that the candidate** (Please check **one** box only):

- Meets the requirement without correction
- Meets the requirement with correction
- Does not meet the requirement

Examiner's Name (Please print) \_\_\_\_\_

Examiner's Signature \_\_\_\_\_

Examiner's Appointment/Title (Please print) \_\_\_\_\_

Date of Vision Test: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
YYYY MM DD

**2. Colour Vision:**

Colour vision tests must be completed, signed for, and dated by medically recognized personnel (E.g., ophthalmologist, optometrist, physician, registered nurse, etc.), the candidate's employer, or a certified Level 2 XRF personnel.

Colour vision shall be sufficient that the candidate can distinguish and differentiate contrast between the colours or shades of grey used in the method concerned, as specified by the employer.

Please note: A candidate who passes an Ishihara Test (short or long) is acceptable.

**I confirm that the candidate** (Please check **one** box only):

- Meets the requirement
- Does not meet the requirement

Examiner's Name (Please print) \_\_\_\_\_

Examiner's Signature \_\_\_\_\_

Examiner's Appointment/Title (Please print) \_\_\_\_\_

Date of Vision Test: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
YYYY MM DD