

F/30 视力测试记录 RECORD OF VISION TESTS

被测试人姓名/Name of Individual Tested: _____ 出生日期/Date of Birth: _____

雇主（如有）Employer (If have): _____ 邮箱/Email: _____

视力测试应符合下列标准:

The vision tests shall meet the following criteria:

1. 近视力应符合ISO18490的要求，无论是否经过矫正，应能够单眼或双眼在不少于30厘米的距离上阅读Jaeger number 1或Times Roman N 4.5 或同等大小的字母。

Near vision acuity shall be verified to be in accordance with the requirements of ISO 18490 or shall permit reading a minimum of Jaeger number 1 or Times Roman N4.5 or equivalent letters at not less than 30 cm with one or both eyes, either corrected or uncorrected.

2. 被测试人员的色觉和/或灰度感知应能够区分雇主指定的有关无损检测方法/技术中使用的颜色或灰度值。

Colour vision and/or grey scale perception is sufficient for the candidate to be able to distinguish and differentiate between the colours or shades of grey used in the NDT methods/ techniques concerned as specified by the employer.

近视力测试结果/RESULT OF NEAR VISION TEST	
记录最小的可读文字/Record the smallest text capable of being read	
已矫正/CORRECTED <input type="checkbox"/>	未矫正/UNCORRECTED <input type="checkbox"/>
ISO18490 Line: _____ 或/or Times Roman N: _____ 或/or Jaeger number: _____	
色觉测试结果/RESULT OF COLOUR VISION TEST	
满意/SATISFY <input type="checkbox"/>	不满意/DISSATISFY <input type="checkbox"/>
执行上述测试的人员的详细资料/DETAILS OF PERSON CARRYING OUT THE ABOVE TESTS	
测试日期/Date of test:	
测试员姓名/Name of tester:	
测试员签名/Signed by tester:	
测试机构盖章: 请在此处加盖公章或其他识别标志: Stamp/Seal of Verifying Authority: Please place stamp/seal or Other identifying mark here:	

注：近视力测试、色觉和/或灰度感知测试应由有执照的医生、护士或验光师进行；BRIPC同意由认可的考试中心或认可的考官进行视力测试。

NOTE: Near vision acuity testing, colour vision and/or grey scale perception verification(s) shall be administered by a licensed physician, nurse, or optometrist; or BRIPC accepts that an approved examination centre or approved examiner can conduct the vision tests.