

## BCMEA Training Department Eyesight & Hearing Examination

Name: \_\_\_\_\_ Employee No.: \_\_\_\_\_

Address: \_\_\_\_\_ ILWU Local: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

Reason for testing: Annual  Training application  Type of training: \_\_\_\_\_

Tested	Meets Standard?	
<b>Minimum Visual Acuity (with or without correction)</b>		
Is visual acuity at least 6/9 (20/30) in better eye and 6/15 (20/50) in poorer eye?	Right eye	Yes No
	Left eye	Yes No
Is correction required?	Yes No	
If correction is required, has patient's vision been corrected? <i>Please provide details in Comments.</i>	Yes No	
<b>Field of Vision</b>		
Minimum Horizontal 120° (each eye examined separately).	Right eye	Yes No
	Left eye	Yes No
Minimum Vertical 90° (each eye examined separately).	Right eye	Yes No
	Left eye	Yes No
Minimum Oblique 90° (each eye examined separately).	Right eye	Yes No
	Left eye	Yes No
<b>Diplopia</b>		
Meets standard conditions for variance. <i>If yes, please explain in Comments.</i>	Yes No	
<b>Colour Discrimination</b>		
Normal unaided colour vision as determined by the Ishihara Colour Vision Test. <i>If yes, please explain in Comments.</i>	Yes No	
<b>Diseases of the Eye</b>		
If yes, please explain in Comments.	Yes No	
<b>Hearing</b>		
Able to hear ordinary conversation at 20 ft/6 meters. (If standard is not met, audiogram is required.)	Yes No	

Comments: \_\_\_\_\_

\_\_\_\_\_

**Date Tested**

**Examiner's Signature & Stamp**