

EYESIGHT TEST CERTIFICATE

1. To the Medical Practitioner/Optommetrist:

Full name of candidate: _____ Contact phone number: _____

Address of candidate: _____

Level of Marine Certificate of Competency applied for: _____

I, _____ (Name of MP OR Optometrist)

of _____ (Address)

being a duly qualified Doctor/Optommetrist hereby certify that I tested the above candidate on _____ (Date)

and identified him/her by the following method: passport drivers licence personally known to me (Circle the identification method)

This examination is to ascertain that the candidate's eyesight meets the standards required by Marine and Safety Tasmania for the issue of Deck or Engineering Certificates of Competency.

2. Results of Examination:

A. Letter Test (Snellen Principle)

	Right Eye	Left Eye		Right Eye	Left Eye
Without using any aids to vision			With aids to vision (if applicable)		

Requirements:

Deck Certificates:

- Minimum acceptable is 6/6 in the better eye and 6/9 in the other (with or without aids).
- If aids are used to meet the 6/6 and 6/9 requirement, then the minimum acceptable is 6/60 in each eye without aids.

HAS THE DECK
REQUIREMENT
BEEN MET?

YES NO

Engineering Certificates:

- Minimum acceptable is 6/9 in both eyes (with or without aids).
- If aids are used to meet the 6/6 and 6/9 requirement, then the minimum acceptable is 6/60 in each eye without aids.

HAS THE ENGINEERING
REQUIREMENT
BEEN MET?

YES NO

B. Near Vision Requirement

Read N5 chart at 300mm – 500mm with or without aids

HAS THE REQUIREMENT
BEEN MET?

YES NO (With Aids)

YES NO (Without Aids)

C. Were Aids to Vision Used to Achieve Minimum and Near Vision Requirements

YES NO

D. Colour Vision (Refer notes overleaf)

The applicant has passed the ISHIIHARA Test with or without aids to vision.

YES NO

DECLARATION BY MEDICAL PRACTITIONER/OPTOMETRIST

I, _____ declare that the candidate has **MET / NOT MET** (Please circle appropriate) the eyesight test requirements listed above.

Signed: _____ Date: _____

Please give completed form to candidate. Valid for a period of two years.

NOTES

General

- The term “aids to vision” means glasses or contact lenses which have been prescribed by a qualified optometrist or eye specialist to correct refractive error of a person’s eye.
- Persons with one eye or poor vision in one eye may be permitted to undertake the testing, however the medical practitioner / optometrist needs to make the applicant aware that their vision lacks depth perception and this has the potential to impact on safety.
- Coxswain certificates of competency should be considered as a deck certificate for the purpose of this standard.

Colour Vision

- Colour vision testing not required for revalidation or renewal of a certificate or for Marine Engine Driver Grade 3 or Marine Engine Driver Grade 2 candidates.
- The Ishihara test shall be conducted using all 24 plates. In order to pass, a candidate must correctly identify at least 13 of the first 15 plates in the 24-plate version. The only optical aids permitted to be used for colour vision testing are prescribed lenses worn by an applicant for the acuity test. An applicant may not use tinted glasses or tinted contact lenses.
- Colour correction devices shall not be worn for colour testing.
- Where an applicant fails the Ishihara colour vision test, he/she may be re-examined with the Holmes-Wright lantern test type “B” OR the Marine Orders colour matching test for MED 1 and Engineer 3 candidates
- In the case of applicants for Master Class 5/Skipper Grade 3 or Coxswain, Marine and Safety Tasmania may, in lieu of the above requirements, accept a statement from a suitably qualified optometrist, eye specialist or medical practitioner, that after having examined the applicant, the applicant suffers no greater abnormality in colour-vision than could be tested by the Ishihara Test. This provision is not evidence of meeting the colour-vision requirements for Master Class 4, Skipper Grade 2 or higher level certificates.