



**MEDICAL APTITUDE FOR TESTING METHOD APPLIED**  
**(to be filled by the doctor)**

Name: .....

Surname: .....

Company: .....

Candidate is physically qualified for testing method applied:

YES

NO

Candidate shall have corrective glasses for testing method applied:

YES

NO

Candidate visual aptitude is satisfactory for testing method applied:

YES

NO

Result of ophthalmological examination

- **Jaeger test or equivalent (visiotest)**

Vision satisfactory with corrective glasses

Without corrective glasses

- **ISHIHARA Atlas**

Vision of colours satisfactory:  YES  NO

Made at....., Date.....

Stamp or Name and place of doctor  
Who realised examinations

.....

Signature of the doctor