

## VISUAL ACUITY & ISHIHARA COLOUR VISION EXAMINATION (SK09)

Dear Optometrist,

Please perform the following eye tests on the candidate:

### 1. The Letter Test

To be conducted on Snellen's principle by means of sheets which contains 6 lines, the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> lines corresponding to standards 6/24, 6/18, 6/12 and 6/9 respectively. To pass, the candidate will be required to react correctly down to and including line 6 (i.e. 6/9) with either or both eyes with or without the aids to vision.

### 2. The "Ishihara" card test for colour vision

To be conducted without any aids to correct colour vision.

Please note that the cost (if any) of the test is to be borne by the candidate.

### CANDIDATE DETAILS - TO BE COMPLETED BY THE OPTOMETRIST

<b>Surname:</b>	
<b>First Names:</b>	
<b>Id Number:</b>	

*If the candidate is not a SA resident and does not have a SA ID number, a foreign passport number may be used.*

### RESULTS

<b>Letter Test</b>	<b>PASS</b>	<b>FAIL</b>
<b>Ishihara Test</b>	<b>PASS</b>	<b>FAIL</b>

**PRACTICE NUMBER** \_\_\_\_\_

**Name and Address of Practice** \_\_\_\_\_

**Name of Optometrist** \_\_\_\_\_

**Date** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

*This document is valid for 12 months from date of examination*

Official Practice Stamp

