

<b>VISUAL ACUITY RECORD</b>	<b>P &amp; B TESTING, INC.</b> <i>Destructive and Nondestructive Testing</i>	<b>QHSE#:</b> 044
		<b>Revision:</b> 0
		<b>Page:</b> 1 OF 1
		<b>Issue Date:</b> 1/1/21

<b>Examination Performed On</b>	James Mason
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<b>Jaeger Test (Held 12" From The Eye)</b>	OK
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<b>NEAR VISION TEST</b>			
<b>RIGHT EYE</b>	<b>LEFT EYE</b>	<b>BOTH EYES</b>	<b>RESULTS</b>
J-1	J-1	J-1	OK

<b>E. ISHIHARA COLOR BLINDNESS TEST</b>	
<input checked="" type="checkbox"/> <b>Normal</b>	<input type="checkbox"/> <b>Deficiency</b>

<b>RESTRICTIONS</b>	
<input checked="" type="checkbox"/> <b>Yes – Indicated Corrective Measure Below</b>	<input type="checkbox"/> <b>No Restrictions</b>

<b>CORRECTIVE MEASURE (Required While Performed Nondestructive Testing)</b>		
<input checked="" type="checkbox"/> <b>Eye Glasses</b>	<input type="checkbox"/> <b>Contact Lenses</b>	<input type="checkbox"/> <b>Other Aid:</b> _____

<b>Date Examined</b>	01/15/2024
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<b>Re-Examination Due</b>	01/15/2025
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<b>Examination Performed By</b>	Scott Powers
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<b>Signature</b>	
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<b>Date Signed</b>	01/15/2024
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