

	Meena International Training and Certification Division Vision Test Certificate	Form No. 32
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RECORD OF VISION TESTS

Name of individual tested: _____ IPC Unique ID: _____

Address: _____

Telephone: _____ Email: _____

RESULT OF ISHARA COLOR VISION TEST			
Record the Ishara test results, and indicate if any alternate test is used			
Record of number of Ishara plates correctly interpreted: This information is a mandatory requirement if not recorded will be considered invalid. (MINIMUM OF FIRST 17 of 24)	Record of Ishihara plates failed (the test administrator may, optionally, provide comment on the nature of color perception deficiency):		
RESULT OF COLOUR VISION TRADE TEST (WHERE NECESSARY - SEE NOTE 2)			
The employer should state the NDT methods and associated colors used by the employee:			
NDT METHOD	ASSOCIATED COLORS	COLOR DIFFERENTIATION	CONTRAST DETECTION
RESULT OF NEAR VISION TEST			
(record the smallest text capable of being read).			
CORRECTED		UNCORRECTED	
Times Roman N: _____; or Jager Number: _____		Times Roman N: _____; or Jager Number: _____	
QUALIFICATION & NAME OF THE PERSON DOING AND RECORDING ANY OF THE ABOVE TESTS:			
SIGNATURE:		Name of Tester:	
		Date of Test:	
Name of the Organization and telephone number (please use official stamp if available):			

For detailed requirements, please refer next page:

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VISION TEST REQUIREMENTS:

All IPC candidates and holders of IPC certification shall have natural or corrected vision satisfying the following minimum requirement:

The candidate shall provide documented evidence of satisfactory vision in accordance with the following requirements:

- A. Corrected or uncorrected near-vision acuity shall permit reading **a minimum of Times Roman N4.5 or equivalent letters** (having a vertical height of not more than 1.6 mm – see note 1) at not less than 30 cm.
- B. Color vision (see note 2) shall be sufficient that the candidate can distinguish contrast between the colors or shades used in the NDT method concerned as specified by the employer.

After certification, the tests of visual acuity shall be carried out at least once in 12 months. Records of tests shall be retained by the employer or responsible agency and provided to IPC upon request. Failure to do so will invalidate all IPC certification

NOTE 1. Laminated hand-held vision test charts are available from several suppliers.

NOTE 2. All candidates and holders of IPC certification will be required to have had color perception assessed by the Ishara 24 plate test. The test is required every five years. **In the event that a color perception deficiency, indicated by misreading any of the first 17 plates, is detected during the Ishara test, a further 'trade test' is to be carried out by the employer to ascertain whether the detected color perception deficiency affects the individual's ability to perform the NDT for which he is certificated.** This trade test is to be documented and the record of the test made available to Meena International upon request.

In such cases as a new medical issue arises candidates are required to undergo further eye examinations as some medical conditions such as diabetes or a major medical condition can affect both near vision and color perception.

Forms above may be used to record the results of near vision, color perception and contrast tests.

Meena International accepts that an ISO 9712 Level 3 / ASNT Level-3 certificate holder or a medical professional can conduct the eye test.

Physical Fitness Requirements (Applicable only for Renewal & Recertification)

Candidates applying for renewal / recertification by either application or examination shall submit the fitness certificate in the form given in the next page along with their application.

The first part of the physical fitness requirements shall be certified by the employer (immediate supervisor) or customer representative for freelancers.

The second part of the physical fitness requirements shall be certified by a registered (with Medical Council of India or the competent authorities in the country of origin) Medical Practitioner.

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Physical Fitness Part-1

(This Part to be certified by the candidate's employer or by a customer representative for freelancers who apply for renewal of their IPC NDT Certificate)

This is to Certify that Mr. / Ms. _____ who is applying for renewal / recertification of _____ (Specify NDT Method) Level ___ IPC Certification is employed by us / engaged by us for performing NDT in the above specified method 7 level. We here by certify that the above candidate is physically fit for performing the assigned NDT work without any limitation.

Certified by Name:	Designation:	Signature with date & Company Seal:

Physical Fitness Part-2

(This part to be certified by a Registered Medical Practitioner for both employed & freelancer candidates)

This is to Certify that Mr. / Ms. _____ who is applying for renewal / recertification of _____ (Specify NDT Method) Level ___ IPC Certification is physically fit / not fit for performing the specified and does not / have have any physical inability by birth or due to accident.

If physical inability is found, please provide details in the following space and tick appropriate column to indicate fitness status:

Details of Physical Disability:	<table border="1"> <tr> <td colspan="2">Fit for work:</td> </tr> <tr> <td style="width: 50%;">Yes</td> <td style="width: 50%;">No</td> </tr> </table>	Fit for work:		Yes	No
Fit for work:					
Yes	No				

Name of the Medical Practitioner:	Registration No.:	Signature with date & Seal: