

# Colour Vision Certificate



Please take this form to an optician to be tested. The applicant is responsible for any cost involved. You can then upload the completed form to your JTL online application.

The person presenting this form has applied for an apprenticeship with JTL in the Building Services Engineering sector. Please could you carry out an appropriate colour vision test using the Ishihara method and complete this form, ensuring that the form is signed by the person carrying out the test and stamped. \*

## PERSON BEING TESTED

Mr, Mrs, Miss, Ms?: \_\_\_\_\_ First name (s): \_\_\_\_\_  
(e.g. Daniel NOT Danny)

Surname: \_\_\_\_\_

House no. / name: \_\_\_\_\_ Postcode: \_\_\_\_\_

Date of birth:          /       /            

## TEST RESULTS (PLEASE INDICATE THE COLOUR VISION TEST RESULTS IN THE TABLE BELOW AND ENSURE ALL 16 PLATES ARE RECORDED)

	Number passed	Number failed	TEST PASSED (Less than 3 failed total)	TEST FAILED (3 or more failed total)
Plates 2 - 17				

## PERSON CONDUCTING THE TEST

Name: \_\_\_\_\_ Official stamp: \_\_\_\_\_

Date of test:          /       /            

Capacity employed: \_\_\_\_\_

Signature: \_\_\_\_\_

\*If the official stamp does not indicate the name and address of the establishment carrying out the test, please write your details below the stamp.

The information contained on this form will be used solely by JTL for the purpose of assessing suitability for entry to a JTL apprenticeship. The information may be shared with your employer if a dispute arises during the apprenticeship.