MARITIME AND PORT AUTHORITY OF SINGAPORE
SHIPPING DIVISION

APPLICATION FOR SIGHT TEST
*DECK/ENGINEER OFFICER

PARTICULARS OF APPLICANT

Name (In Block Letters, as in identity card/passport)	*NRIC/Passport No
Address	Tel. No.
Nationality	Date of Birth

Purpose for sight test: _____

Date:_____   Signature of Applicant: _____

FOR OFFICIAL USE

I, CERTIFY that the above-named candidate was examined by me with the following results:

LETTER TEST

Date	Without Artificial Aids		With Artificial Aids	
	Right Eye	Left Eye	Right Eye	Left Eye
	6 /	6 /	6 /	6 /
	6 /	6 /	6 /	6 /

COLOUR TEST

Date	Method	Deficiency In	Results
	Ishihara	Card Nos.	* Pass / Fail / NE
	Lantern	*Red / Green / White	* Pass / Fail / NE
	Modified	Colour Nos	* Pass / Fail / NE

Remarks: _____   Signature of Examiner: _____

Certificate No: _____   Receipt No: _____   Date: _____

* Delete as appropriate