

Seafarer Eye Examination Record Sheet

Name:

Rank/Position:

Date of Birth:

Date of Examination:

Vessel Name:

Nationality:

Visual Acuity

Test	Right Eye	Left Eye	Both Eyes
Unaided Distance			
Aided Distance (with Glasses)			
Near Vision			

Color Vision Test

Test Used	Result	Remarks

Ocular Motility

Test	Findings
Eye Movements	
Stereopsis	
Other (specify)	

Other Findings / Remarks

Examining Doctor's Name:

Signature:

Date: