



SADSAA

Sight Test Requirements

1. The Sight Test Certificate

A candidate wishing to apply for the Dept. of Transport Small Vessel Certificate of Competence is required to produce an eyesight test certificate issued by an examiner of the Department of Transport, Shipping Directorate, or an optometrist who is a current member of the South African Medical Association.

The test certificate, for purpose of application, shall be valid for a period of six months. It will state the date of examination, the name and address of the examining body or organisation, the signature of the examiner and whether or not the candidate has passed or failed the letter and lantern (or Ishihara) test specified in paragraph 2, and whether the candidate passed the letter test with or without aids to vision.

If a candidate voluntarily opts to obtain a certificate with only a daylight limitation endorsement, he need not complete the lantern or Ishihara test. He must however successfully complete the letter test.

2. The form of the sight test

The sight test shall comprise a letter and lantern test (*where there is no lantern available the requirements of the "Ishihara" card test for colour-blindness will suffice*).

The letter test: Shall be conducted on Snellen's principle by means of sheets which contain 6 lines, the 3rd, 4th, 5th, and 6th lines corresponding to standards 6/24, 6/18, 6/12 and 6/9 respectively.

The candidate will be required to read correctly down to including line 6 with either or both eyes with or without aids to vision.

The lantern test: Will be the same test as that conducted by the Department of Transport for candidates seeking admission to an examination for a first certificate of competency as deck officer or fishermen.

The "Ishihara" card test: Will be that test that is specified in the booklet titled 'The series of plates designed as tests for colour-blindness' by Dr Shinobu Ishihara.

No aids to vision to correct colour-blindness deficiencies in a candidate's ability to pass the lantern or Ishihara card test will be permitted.

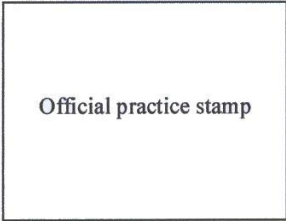
Sight Test Certificate

This is to certify that

Surname _____ Initials _____ ID no. _____

Address _____

Has, _____ (with or without)* aids to vision,
_____ (passed or failed)* the letter test as specified above, and
_____ (passed, failed or declined)* the lantern test, or
_____ (passed, failed or declined)* the "Ishihara" card test.



Signature of examiner _____ Date _____

Practice name & Address _____

*select relevant choice