華夏航科國際股份有限公司 Dynasty Aerotech Intl.Corp

VISUAL ACUITY RECORD OF WELDER

The DAIC. Welder Certificate is required to pass an eye examination, with or without corrective lenses. to prove (1) near vision acuity on Jaeger No.2 type, or equivalent. at 16 inches, and (2) far vision acuity of 20/30, or better. Shall also take a color perception test for red/green and blue/yellow differentiation. This form is to be completed by the eye examiner and is subject to the following conditions:

The eye examiner must be either an Optometrist, a Medical Doctor, a Registered Nurse, or a Certified Physician's Assistant and must indicate his or her title in the space provided below.

- The date of the eye exam must not be more than 7 months prior to the date of the welding exam.
- → DO NOT ALTER THE PRINTED TEST REQUIREMENTS. DO NOT ADD ANY MEDICAL TERMINOLOGY. CHECK ONLY ONE BOX PER TEST.

NOTE: Visual acuity records which do not comply with the above will not be accepted.

Chinese Name	English Name		I.D No.	
Date of visual test				
TESTS.	Meets without	Meets with	1	
1. <u>Far Vision</u> 20/30 or better	eye correction	eye correction	Does not meet	
2.Near Vision Jaeger No.2 type at a distance of 16 inches				Place photo
Color Perception Pseudoisochromatic plates		<u>Meets</u> <u>I</u>	Does not meet	here
 Red/green differentiation Blue/yellow differentiation 				
I certify that I Printed Name of Welder	me of Eye Examiner on	·	dministered an eye ex	
the vision capabilities indicated Optometrist Registered Nurse Cert License No.	above. <i>Check one d</i> lical Doctor tified Physician's As	sistant		
Signature of Eye Exami			essional Address	
I certify that the above-named e Optometrist Med Registered Nurse Cert	ye examiner works lical Doctor	under my superv	ision. Check one of th	
Printed Name of Supe	ervisor		Signature of Super	visor

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焊接員 視覺敏銳記錄

華夏航科國際股份有限公司燒焊人員認證是需要通過眼睛的診斷戴或不戴矯正鏡片證明(1)在框內英文或相當的(視力表)為近視在 16 英吋處並且(2)20/30 的遠視或較佳必須也做區別紅/綠,藍/黃辨色能力檢查,這個表格是由眼睛檢查員並且是符合下列狀況來完成:

眼睛檢查員必須是驗光師醫師合格護士或認證的醫生助手(助理)並且必須表示他(或她)的頭銜在以下提供的空欄

- → 眼睛診斷的日期必須不可超過熔焊測驗7個月以前的日期
- → 不可更改此印刷文件之式樣需求 不可增加任何醫學上的術語

每次診斷只檢查一個框位注意視覺銳敏記錄其不同意以上者將不被接受

中文姓名			丿	 員工編號		
視力檢查日期						
測驗						
1. <u>遠視</u> 非矯正	眼睛看得見	矯正的眼睛看得見	看不見			
20/30 或較佳						
2. <u>近視</u>						
一個在距離 16				照片		
英吋之框內英文				2007		
辨色能力		<u>看得見</u>	<u>看不見</u>			
擬等的整版插圖						
3. 紅/綠區別						
4. 藍/黃區別						
	查員的印刷体名	字				
對		在				
	印刷体名字	月,日	,年			
其證明如上視力以下方格相						
□驗光師		3 生				
□合格的護士	□認證的醫生助手					
執照號碼						
眼睛檢查員簽名		職業上的地	7.±11-			
	 電話號		<u></u>			
我證明以上指名眼睛檢查員	員工作是在我的					
□驗光師	三 夏	登生				
		□認證的醫生助手				