



NORTHERN TERRITORY OF AUSTRALIA
MARINE ACT
EYESIGHT CERTIFICATE

(This page to be filled in by applicant)

APPLICANT'S PERSONAL PARTICULARS (use block letters)

Full name
Date of birth/...../..... Telephone number/s Work Home.....
Residential address.....
Type and grade of certificate

DECLARATION TO MADE BY THE APPLICANT:

I,
Solemnly and sincerely declare that my statements made on this form are correct and true in every particular and that while undergoing this eyesight test, **I did/did not*** use artificial aids to vision and I make this solemn declaration by virtue of the *Statutory Declarations Act* subject to the penalties provided by that *Act* for the making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

*delete as necessary and initial

.....
Signature of person making declaration

PRIVACY STATEMENT

The Department of Lands and Planning is collecting the information on this form to assess your eligibility for a marine qualification as required under the *Northern Territory Marine Act*.

This Department may give some or all of this information to State marine authorities, the Australian Marine Safety Authority or other government bodies as required by legislation.

Failure to provide the information in full or in part may mean that you will not be issued with a marine qualification.

Your personal information provided in this form is able to be accessed. If you have any queries, please contact the Marine Safety Branch.

(This page to be filled in by Doctor or Optometrist)

RESULTS OF VISUAL EXAMINATION

WITHOUT AIDS TO VISION				WITH AIDS TO VISION			
Letter Test		Colour Test	Reading Test N5 30-50 cm	Letter Test		Colour Test	Reading Test N5 30-50 cm
Left Eye	Right Eye	Ishihara Plate	Pass/Fail	Left Eye	Right Eye	Ishihara Plate	Pass/Fail
				ENTER DESCRIPTION OF AIDS TO VISION USED			

COLOUR - ISHIHARA TEST

- Persons are not permitted to use any type of colour corrective lenses during the eyesight test.
- The Ishihara test shall be conducted using all 24 plates.
- In order to pass the Ishihara test the applicant may only fail 2 plates.
- If an applicant fails the Ishihara test please enter results in the table below and provide a report on the applicants colour vision.

The results of the Ishihara test with/without aids are as follows:

Plate Number	The Normal should read	Result	Plate Number	The Normal should read	Result	Plate Number	The Normal should read	Result
1	12		9	45		17	42	
2	8		10	5		18		
3	29		11	7		19		
4	5		12	16		20		
5	3		13	73		21		
6	15		14	X		22		
7	74		15	X		23		
8	6		16	26		24		

STATEMENT BY DOCTOR OR OPTOMETRIST

I certify that I have examined and that this person **meets/does not meet** the requirements as detailed on page 3.

Proof of identification (passport/driver's licence) sighted Yes No
I.D. Number

As a result of the eyesight test, I recommended that :
 (please tick where applicable).

- (A) Glasses/contact lenses used to pass both the letter (distance) and N5 (reading) tests:-
 'Corrective aids to vision for distance and near vision deficiencies must be worn when performing watch keeping duties';
- (B) Glasses/contact lenses used to pass the letter (distance) test:-
 'Corrective aids to vision for distance vision deficiencies must be worn when performing watch keeping duties';
- (C) Glasses/contact lenses used to pass the N5 (reading) test:-
 'Corrective aids to vision for near vision deficiencies must be worn when performing watch keeping duties';
- (D) Glasses/contact lenses used to pass the letter (distance) test after failure to meet required standard without aids to vision: ie; (6/30 or better in each eye), in addition to (A or B) above, the certificate will be endorsed:
 'Two (2) pairs of aids to vision to be carried on board at all times'.

Comments:.....

Signature of Optometrist/Doctor Date of Test/...../.....

Name of Optometrist/Doctor Telephone No.

Address: Provider No.

EYESIGHT TEST PROCEDURES

These procedures are intended to serve as a guide for optometrists and doctors conducting eyesight tests on behalf of the Marine Safety Branch, NT Department of Lands and Planning.

The standards of visual acuity required for candidates applying for Marine Certificates of Competency, as prescribed in Schedule One of Sections 2 and 3 of the Uniform Shipping Laws (USL) Code are detailed below. The underlying principle for these standards is that a person conducting a navigational watch at sea is capable of sighting the lights and signals of other vessels as well as hazards to navigation at a safe distance, in typical weather conditions at sea. Applicants must meet each of the 4 standards.

Deck Qualification Standards (eg. Coxswain, Master 5, Skipper 3 etc.)

1. **Letter Test** - With or without aids to vision - 6/6 in the better eye, 6/9 in the other eye;
2. **Letter Test** - Without aids to vision - 6/30 in each eye;
3. **Reading Test** - With or without aids to vision - Read the **N5** chart at 30 – 50 cm;
4. **Colour Test** - Pass the Ishihara test – in order to pass the 24 Plate Ishihara Test the applicant may only fail 2 plates.

Engine Room Qualification Standards (Engineer Class 3 etc.)

1. **Letter Test** - With or without aids to vision - 6/9 in one eye;
2. **Letter Test** - Without aids to vision - 6/60 in one eye;
3. **Reading Test** - With or without aids to vision - Read the **N5** chart at 30 – 50 cm;
4. **Colour Test** - Distinguish basic colours.

Persons with one eye or poor vision in one eye will be required to undertake a practical assessment of their ability to keep a navigation watch.

Note: The original of the eyesight certificate must be returned to the

Marine Safety Branch,
Department of Lands and Planning
GPO BOX 2520,
DARWIN NT 0801.

Any enquiries relating to the eyesight test should be directed to the Senior Nautical Officer telephone (08) 8924 7133.