

To: Seafarers' Certification Section of Marine Department,
3/F Harbour Building, 38 Pier Road, Hong Kong.

Eyesight Test Certificate — Local Vessel (Coxswain)

Name of Applicant : _____

H.K.I.D. / Passport No. : _____ Date of Birth: _____

This is to certify that an eyesight test was conducted under my supervision according to the eyesight standards laid down in Chapter 4 of the **Examination Rules for Local Certificate of Competency** for the above-named person. The extract of eyesight standards were provided at page 2 of this Certificate. This statement is true to the best of my knowledge and belief.

The Distant Vision test was conducted when the applicant was ***with / without** visual aids.

The applicant ***has / has not** met the prescribed eyesight standards.

Remark:

Name of

*Registered Medical Practitioner /

Registered Optometrist: _____ Registration No.: _____

Signature: _____ Date of Issue: _____

Address of the *Clinic / Examination Centre: _____

_____ Telephone No.: _____

Stamp of the *Clinic / Examination Centre: _____

- Notes: 1) "Registered Medical Practitioner" has the same meaning as in section 2 of Medical Registration Ordinance (Cap. 161)
- 2) **Only Part I or Part II Registered Optometrist is accepted to sign this certificate.** "Registered Optometrist" means a person who registered according to the Optometrists (Registration and Disciplinary Procedure) Regulation (Cap. 359F) of the Supplementary Medical Professions Ordinance (Cap. 359).
- 3) A certificate from a registered medical practitioner or registered optometrist²⁾ attesting to the applicant having attained these standards within the 24 months (12 months in respect of an applicant who is 65 years of age and over) preceding the application will be accepted.
- 4) In accordance with Code of Practice for Safety Standards for Class I, II & III vessels, a crew assigned to assist look-out is required to meet the eyesight standards as that for coxswain.

** Delete where inappropriate*

Eyesight Standards for Local Vessel (Coxswain) Certificate of Competency

Eyesight Standards for Local Vessel (Coxswain)			Eyesight Test means accepted by the Marine Department
Distant Vision with or without visual aids	Better eye	6/9	Testing distance: 4 meters or further away.
	Other eye	6/12	The better eye should achieve the visual acuity (VA) level at 6/9 without any error, while the other eye should achieve the VA level at 6/12 without any error. Use of telescopic visual aid in Distant Vision test is prohibited.
Near Vision	Both eyes together, with or without visual aids	Vision required for ship's navigation (e.g. chart and nautical publication reference, use of bridge instrumentation and equipment, identification of navigation aids)	Testing distance: 40 cm. With or without visual aids, near VA should achieve M0.63 or n5 without any error.
Intermediate Vision			Testing distance: 80 cm. With or without visual aids, intermediate VA should achieve M1.25 or n10 without any error.
Colour Vision			Use of Ishihara plates under normal room lighting or equivalent. Testing distance: 75 cm. Ishihara twenty-four plates version: Test plate 1 to 15, maximum number of errors allowed is 2. Ishihara thirty-eight plates version: Test plate 1 to 21, maximum number of errors allowed is 3. Use of colour sensing lenses in Colour Vision test is prohibited.
Diplopia (double vision)		No significant condition evident	Test by Worth's 4 dots under normal room lighting or equivalent. Testing distances: 40 cm and 4 meters or further away. No diplopia is accepted at both distances.
Visual fields	No spectacles	Normal visual fields	Test by either Perimeter method or Confrontation method. Perimeter method: Hand-held disc perimeter (3mm target) or other perimeter, "Binocular field" or "combining temporal field from each eye" to have at least 120-degree coverage in horizontal meridian. Confrontation method: counting fingers at four quadrants, no error in any quadrant is allowed.
Night Blindness	Vision required to perform all necessary functions in darkness without compromise		Through history taking, no mention about the sign of: i) Night Blindness; or ii) Retinitis Pigmentosa.