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 optometrist 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*
<table>
<thead>
<tr>
<th>Eyesight Standards for Local Vessel (Coxswain)</th>
<th>Eyesight Test means accepted by the Marine Department</th>
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</thead>
<tbody>
<tr>
<td><strong>Distant Vision</strong>&lt;br&gt;with or without visual aids</td>
<td>Better eye&lt;br&gt;6/9&lt;br&gt;Other eye&lt;br&gt;6/12</td>
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<tr>
<td><strong>Near Vision</strong></td>
<td>Both eyes together, with or without visual aids</td>
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<tr>
<td><strong>Intermediate Vision</strong></td>
<td>Vision required for navigation (e.g. chart and nautical publication reference, use of bridge instrumentation and equipment, identification of navigation aids)</td>
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<tr>
<td><strong>Colour Vision</strong></td>
<td>No significant condition evident</td>
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<tr>
<td><strong>Diplopia (double vision)</strong></td>
<td>No spectacles</td>
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<tr>
<td><strong>Visual fields</strong></td>
<td>Vision required to perform all necessary functions in darkness without compromise</td>
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