Vision and hearing test for yachtsmen pursuant to order no. 289 of 13 May 2002 issued by the Danish Maritime Authority

To be filled in by the person examined								
Last name	First name(s)				Cpr no.			
Address (street and no.)			Postal code and city					
After having been informed about the meaning of night-blindness, I hereby confirm that I have not notice any difficulties when orientating myself in reduced light. If I am to use glasses or contact lenses in order to meet the vision requirement, I hereby confirm that I know the provision stipulated in section 9 of the above-mentioned order meaning that I must always have at my disposal an extra set of glasses with optimum correction.								
						signature		
To be filled in by the medical practitioner								
The person examined has documented his/her identity by presenting								
Visual acuity		Without correction			With the correction normally used			
Right eye								
Left eye								
Both eyes together								
Is the field of vision for finger movements no	ormal?	left eye	□ yes	🗆 no	right eye	□ yes	🗆 no	
Is the colour sense normal according to Ishihara charts? (1 misreading				rmitted)	□ yes		□ no	
Are there any signs of other eye diseases, etc., cf. section 4 of the order?						□ no		
Hearing		Without hearing aid			With hearing aid			
Usual speaking voice at 4 metres' distance								
Is the person exemined considered to meet the provisions of the order?								
						🗆 no		
Any remarks								
Medical practitioner's stamp			Date of the examination					
Medical practitioner's signature								

The fee due for this certificate must be paid by the yachtsman against invoice.

The certificate has been approved by the certificate committee of the Danish Medical Association (DADL) according to ID no. 06.02.01.02.