COLOR DEFECIENCY TEST REPORT

I, the undersigned below, declare that :

Name : _____

Date of Birth : _____ Gender : _____

Address : _____

_____

has been examined for colour blindness condition and the results are :

1. Color Vision Examination :

   No Color Blindness Condition

   Partial Color Blindness

   Total Color Blindness

2. Note : _____

   _____

   _____

Recent Photograph
4 x 6 cm

....., ...

Signature of Ophthalmologist

(.....)

.....

Note : the signature and/or official stamp shall touch the photograph