UMMC DTC Offsite Health Evaluation Color Vision Screen Form page 1

|  |  |
| --- | --- |
| https://www.color-blindness.com/wp-content/images/Ishihara-Plate-01-38.jpg | https://www.color-blindness.com/wp-content/images/Ishihara-Plate-04-38.jpg |
| **Plate #1 Number seen =** | **Plate #4 Number seen =** |
| https://www.color-blindness.com/wp-content/images/Ishihara-Plate-02-38.jpg | https://www.color-blindness.com/wp-content/images/Ishihara-Plate-09-38.jpg |
| **Plate #2 Number seen =** | **Plate #5 Number seen =** |
| https://www.color-blindness.com/wp-content/images/Ishihara-Plate-14-38.jpg | https://www.color-blindness.com/wp-content/images/Ishihara-Plate-15-38.jpg |
| **Plate #3 Number seen =** | **Plate #6 Number seen =** |

Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UMMC DTC Offsite Health Evaluation Color Vision Screen Form page 2

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| https://www.color-blindness.com/wp-content/images/Ishihara-Plate-13-38.jpg | https://www.color-blindness.com/wp-content/images/Ishihara-Plate-16-38.jpg |
| **Plate #7 Number seen =** | **Plate #10 Number seen =** |
| https://www.color-blindness.com/wp-content/images/Ishihara-Plate-10-38.jpg | https://www.color-blindness.com/wp-content/images/Ishihara-Plate-24-38.jpg |
| **Plate #8 Number seen =** | **Plate #11 Number seen =** |
| https://www.color-blindness.com/wp-content/images/Ishihara-Plate-21-38.jpg | https://www.color-blindness.com/wp-content/images/Ishihara-Plate-25-38.jpg |
| **Plate #9 Number seen =** | **Plate #12 Number seen =** |

Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Ishihara Plate 31 of 38 |
| **Plate #13 Please trace the green line with a pen.** |

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| https://www.color-blindness.com/wp-content/images/Ishihara-Plate-26-38.jpg |
| **Plate #14 Please trace the red line AND the purple line with a pen.** |

Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_