

香港特別行政區政府海事處 MARINE DEPARTMENT

THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATIVE REGION

(Note: Please read the 'Notes' at the bottom before filling in this form.)

To: Seafarers' Certification Section, Marine Department

Eyesight Test Certificate — **Pleasure Vessel Operator**

Name of Applicant	HKII	O / Passport No.	Date of Birth
eyesight standards laid Operator Certificate of standards were provided knowledge and belief. The Distant Vision test	down in Chapter 4 f Competency for the at page 2 of this Cen	conducted under my su of the Examination R e above-named person. tificate. This statement the applicant was *with/v	The extract of eyesi is true to the best of
The applicant mas/ne	-	l Test Result	
Distant Vision	Near Vision	Intermediate Vision	Colour Vision
☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fai
Remark:			
Name of *Registered Medical Pra- Registered Optometrist:		Registrati	on No.: OP100659
Signature:		Date of Test:	
Address of the *Clinic / l	Examination Centre:		

Notes: 1) "Registered Medical Practitioner" has the same meaning as in section 2 of Medical Registration Ordinance (Cap. 161)

- 2) Only <u>Part I</u> or <u>Part II</u> Registered Optometrist is accepted to sign this certificate. "Registered Optometrist" means a person who is 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.

Stamp of the *Clinic / Examination Centre:

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^{*} Delete where appropriate /

Tick where appropriate