

COLOR VISION ACCOMODATION FIELD EXAM

1. Applicant Name (Last, First, Middle)	2. Birth Date (Mo./ Day/Year)
3. Department	
<u>Color Vision Accommodation Field Exam</u> <u>This applicant</u> failed to meet the minimum standards for color vision as tested on Section 1.3, page 12, section 1.3 of Medical form LEA-3. Applicants that fail the Ishihara (24 Plate Edition) have recourse of taking the Farnsworth-Munsell 100-hue Test. If this test is also failed the field test may be administered and the employing agency must attest below to the administration and successful completion of the field accommodation exam. Both field tests must be passed at 100%. FIRST TEST: With five vehicles parked next to each other, applicant correctly identifies the color of five vehicles. 100% accuracy is required. <input type="checkbox"/> Red vehicle correctly identified <input type="checkbox"/> Blue vehicle correctly identified <input type="checkbox"/> Green vehicle correctly identified <input type="checkbox"/> Brown vehicle correctly identified <input type="checkbox"/> Gray vehicle correctly identified <input type="checkbox"/> Applicant failed to correctly identify all vehicles correctly (100%). SECOND TEST: With five individuals gathered in the same room, all wearing similar clothing, i.e. hat, shirt, pants; applicant will correctly identify the individual suspect wearing the Red baseball style cap, Brown shirt, and Blue pants.: Suspect #1: Green baseball style cap, Blue shirt, and Blue pants. Suspect #2: Red baseball style cap, Green shirt, and Brown pants. Suspect #3: Blue baseball style cap, Red shirt, and Blue pants. Suspect #4: Red baseball style cap, Brown shirt, and Blue pants. Suspect #5: Brown baseball style cap, Green shirt, and Blue pants. <input type="checkbox"/> Suspect correctly identified <input type="checkbox"/> Applicant failed to correctly identify correct suspect.	
I, _____ certify that the listed field exam for color vision was Please type or print Department Head conducted on _____ by _____ on Applicant Officer/Department representative (date) _____ and the results listed are correct. Department Head Signature _____	
State of New Mexico } County of _____}SS	
On this _____ day of _____, _____, before me personally appeared _____ known to me to be the person whose name is subscribed Department Head to the above instrument and acknowledged the same to be his/her own free act and deed. Notary Public _____ My commission expires: _____	
(SEAL)	