



COLOUR VISION TEST FORM (2017)

This form may take you 2 minutes to complete. The information provided will be kept strictly confidential and will be used only for the purpose of assessing fitness for course admission.

PART A – TO BE COMPLETED BY STUDENT			
Full Name:		Admission Number:	
Contact Number:	(Mobile)	(Home)	NRIC / Passport / FIN:
<p>The Colour Vision Test is only applicable to students who have been offered the following courses. Please tick (✓) the course that you have been offered:</p> <p> <input type="checkbox"/> Aeronautical Engineering <input type="checkbox"/> Biotechnology <input type="checkbox"/> Energy Systems and Management <input type="checkbox"/> Aerospace Electronics <input type="checkbox"/> Chemical Engineering <input type="checkbox"/> Engineering Systems <input type="checkbox"/> Applied Chemistry <input type="checkbox"/> Common Engineering Programme <input type="checkbox"/> Food Science & Technology <input type="checkbox"/> Biomedical Science <input type="checkbox"/> Electrical & Electronic Engineering <input type="checkbox"/> Marine Engineering </p>			
PART B – TO BE COMPLETED BY THE EXAMINING DOCTOR (REGISTERED IN SINGAPORE)			
<p>I certify that the above-named has undergone the Colour Vision (Ishihara Test) and the result is as follows:</p> <p>Tick (✓) 1 only</p> <p> <input type="checkbox"/> Normal <input type="checkbox"/> Partial: Red / Green deficiency <input type="checkbox"/> Complete: Red / Green deficiency </p> <p>Remarks (if any): _____</p>			
Name of Doctor:		Signature of Doctor:	
Name & Address of Clinic (Clinic's Official Stamp):		Date:	
<p>Please return the completed form to: Admissions Office, Singapore Polytechnic, 500 Dover Road, Singapore 139651</p>			

