

COLOR VISION ACCOMODATION FIELD EXAM

1. Applicant Name (Last, First, Middle)	2. Birth Date (Mo./ Day/Year)
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3. Department

Color Vision Accommodation Field Exam

This applicant 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.**

- Red vehicle correctly identified**
- Blue vehicle correctly identified**
- Green vehicle correctly identified**
- Brown vehicle correctly identified**
- Gray vehicle correctly identified**

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.

- Suspect correctly identified**
- 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
ApplicantOfficer/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)