

Color Vision Field Test

For Agency Use Only. Do not send to DPSST

DPSST has provided this form as an optional tool for agencies to conduct a field test if a medical provider has indicated one is required. The F2a Final Report contains a waiver page with a color vision section to indicate the applicant has successfully demonstrated their ability to perform the critical and essential tasks of the position they are applying.

Applicant Name: (Last, First Middle)		DOB: (mm/dd/yyyy)	DPSST No.:
Full Agency Name:	Discipline: <input type="checkbox"/> Police <input type="checkbox"/> Parole & Probation <input type="checkbox"/> Telecommunications <input type="checkbox"/> Corrections <input type="checkbox"/> Liquor Enforcement <input type="checkbox"/> Emergency Medical Dispatch		
Evaluator Name (Last, First Middle)		Review Date:	

Indicate below if the applicant has successfully demonstrated the ability to correctly identify the various colors in daylight and lowlight situations.	Daylight	Lowlight	Not Tested
1. Variety of motor vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vehicle tags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Variety of license plates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Various articles of clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Computer screens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Status lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Tattoos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Signature	Based upon the results of the above test, I am satisfied that the applicant can perform the color vision related essential tasks of the job without endangering himself/herself or others and request that DPSST process the application.	
	Evaluator Signature _____	Date: _____