

COLOR VISION QUESTIONNAIRE

Dear Doctor:

Your patient, _____, is applying for a position with the Federal Bureau of Investigation. The duties of the position require adequate color vision. Your patient has either given a history of color vision deficiency or has not passed a color vision screening examination. Please complete the following questions so we may be better able to assess your patient's ability to carry out the duties and functions of the position they are applying for with the FBI. Please respond to the following questions concerning the above named individual.

1. Does patient have a color deficiency?
2. What is the deficiency? Please be precise:
3. By what screening test did you reach this conclusion?
4. If patient failed screening test by what test did you confirm your impression?
5. What is your exact diagnosis? e.g. monochromat, dichromat, anomalous trichromat?
6. If dichromat, what is the subtype? e.g. protanope, deuteranope, tritanope?
7. If anomalous, what is the subtype? e.g. protan, deutan, or tritan?
8. Please indicate if you have a Nagel anomaloscope available in your office or by referral?

Is there any additional information you have pertinent to this individual that may be useful to the FBI in making a determination of ability?

***PERFORM FARNSWORTH DICHOTOMOUS COLOR VISION TEST: PANEL D-15 TW O
TIMES**

Physician signature _____ Date _____

Board Certified Y ___ N ___ (Specialty _____) Print Name _____

Comments: