

**Insulation Supply Company**  
**1901 Harpers Way Torrance, California 90501**  
**Tel# 310-320-9400 ▪ Fax# 310-533-0783**

Name of Employee \_\_\_\_\_

**VISION TEST**

Capable of reading J-1 letters of Std. Jaeger's test type chart for near vision of equivalent type and conforms to NAVSHIPS 250-1500-1

Near Vision		Distance Vision	
Uncorrected	RE:	Uncorrected	RE:
	LE:		LE:
Corrected	RE:	Corrected	RE:
	LE:		LE:
Color Vision			

Date of Test \_\_\_\_\_ Passed \_\_\_\_\_ Failed \_\_\_\_\_

Corrected Lenses must be worn \_\_\_\_\_

Remarks If any \_\_\_\_\_

Signature of Examining Physician \_\_\_\_\_

Doctors Name \_\_\_\_\_ Doctors I.D. No. \_\_\_\_\_

Address:  
Western Medical Group  
21081 S. Western Avenue  
Torrance, CA 90501

Phone # 310-782-3333