

**DOD MEDICAL EXAMINATION REVIEW BOARD (DODMERB)  
FARNSWORTH LANTERN AND  
RED/GREEN COLOR VISION TESTS**

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The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (0704-0396). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO DODMERB/DR, 8034 EDGERTON DRIVE, SUITE 132, USAF ACADEMY CO 80840-2200.**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 10, USC 133, 3012, 5031, 8013, and Executive Order 9397.

**PRINCIPAL PURPOSE:** To determine medical acceptability or update a medical file as part of the application process to a United States Service Academy, Reserve Officer Training Corps (ROTC) Scholarship Program, or the Uniformed Services University of the Health Sciences (USUHS).

**ROUTINE USES:** This information may be disclosed to the Coast Guard Academy and Merchant Marine Academy for applications to their Academies.

**DISCLOSURE:** Voluntary; however, failure to furnish the requested information will impede the selection process and hamper your candidacy. Use of the Social Security Number (SSN) is used for positive identification of records.

1. NAME OF APPLICANT (*Last, First, Middle Initial*)

2. SOCIAL SECURITY NUMBER

**FARNSWORTH LANTERN**

**IMPORTANT: This test MUST be performed or verified and countersigned by an optometrist, flight surgeon, or by a physician experienced in performing the FALANT test.**

**INSTRUCTIONS TO EXAMINERS**

**READ REVERSE SIDE OF THIS FORM BEFORE ADMINISTERING TEST.** Indicate by letter the applicants' responses, reminding them at the beginning of the test that there are only three responses: Red, Green, or White.

	G/R	W/G	G/W	G/G	R/G	W/R	W/W	R/W	R/R	NUMBER OF ERRORS PER RUN
1st RUN										
2nd RUN										
3rd RUN										

**NOTES: Farnsworth Dichotomous or other variations are not acceptable.  
The examiner must alter the sequence of lights on the 2nd and 3rd runs.**

**RED/GREEN COLOR VISION TEST**

3. I CERTIFY THAT APPLICANT

CAN

CANNOT

DISTINGUISH AND IDENTIFY OBJECTS THAT ARE BRIGHT RED AND BRIGHT GREEN.

4. EXAMINER

NAME (*Last, First, Middle Initial*)

TITLE

EXAMINER SIGNATURE

DATE  
(YYYYMMDD)

PHYSICIAN SIGNATURE

DATE  
(YYYYMMDD)

5. FACILITY NAME AND COMPLETE

ADDRESS (*Street, City, State, ZIP Code*)

## FARNSWORTH LANTERN AND RED/GREEN COLOR VISION TESTS - INSTRUCTIONS

### PREPARATION FOR TESTING

1. Give the test in a normally lighted room; screen from glare; exclude sunlight. Examinee should not face the source of room illumination.
2. Only one person should be tested at a time. (Others shall not be allowed to watch.)
3. Station examinee eight feet from lantern.
4. If examinee ordinarily wears contact lenses or glasses for distance, they should be worn. Color correcting lenses, if worn, must be removed prior to testing.

### ADMINISTRATION AND SCORING

1. Instruct examinee, "The lights you will see in this lantern are either red, green, or white. They look like signal lights at a distance. Two lights are presented at a time - in any combination. Call out the colors as soon as you see them, naming first the color at the top and then the color at the bottom. Remember, only three colors - red, green, and white. Name which light color combination exists, top one first."
2. Turn knob at top of lantern to charge lights; depress button in center of knob to expose lights. Maintain regular timing of about two seconds per light.
3. Expose the lights in random order starting with a R/G or G/R combination, continuing until each of the nine combinations has been exposed.
4. If no errors are made on this first run of nine pairs of lights, examinee is passed.
5. If any errors are made on this first run, give two more complete runs.
6. Average the errors of these last two runs. If an average of more than one error per run is made, examinee is failed. If an average of one, or less than one error per run is made, examinee is passed.
7. An error is considered the miscalling of one or both of a pair of lights; if an examinee changes his/her response before the next light is presented, record the second response only.
8. If an examinee says "yellow," "pink," etc., you should say, "There are only three colors - red, green, and white."
9. If an examinee takes over 3 seconds to respond, you should say, "As soon as you see the lights, call them."
10. Do not discuss passing/failing scores with applicant. Under no circumstances will an applicant receive more than 3 total runs.

6. REMARKS *(Attach additional pages if necessary.)*