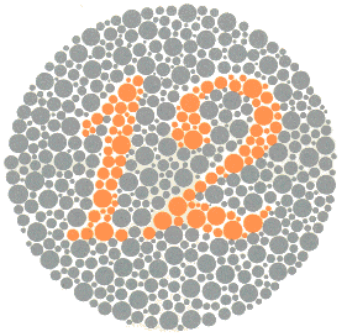
Mass General Brigham

OCCUPATIONAL HEALTH SERVICES

Onboarding Questionnaire: Color Vision Screening

Name:_____ **Date of Birth**:_____ **Email:**_____

Instructions: Please identify the number in each circle below by recording your answer on the line below each circle



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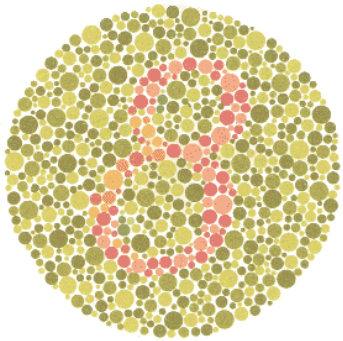

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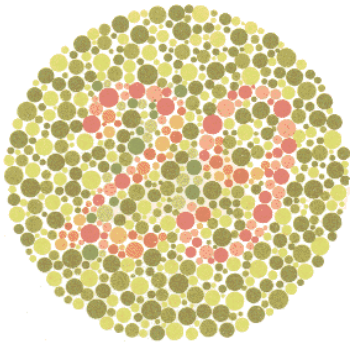

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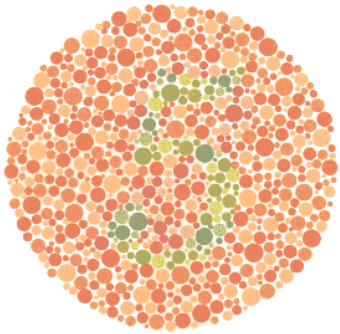

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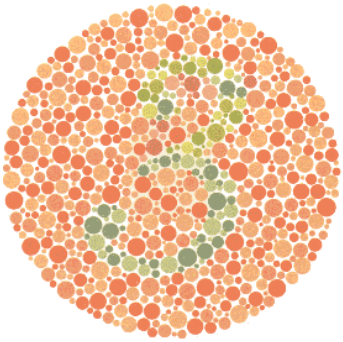

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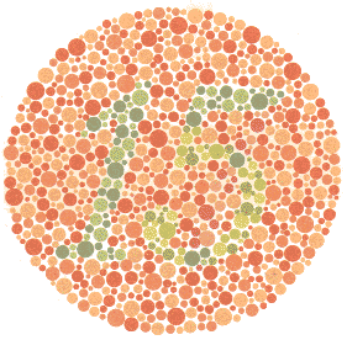

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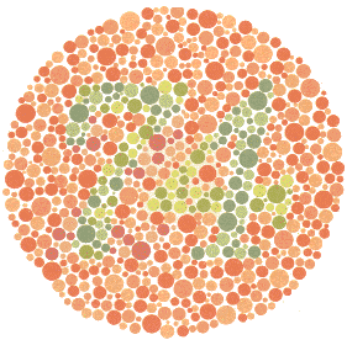

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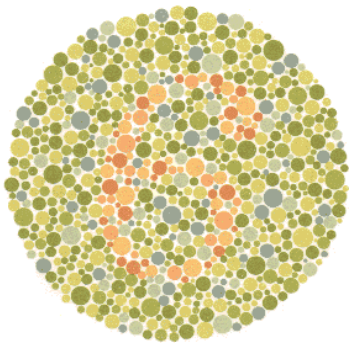

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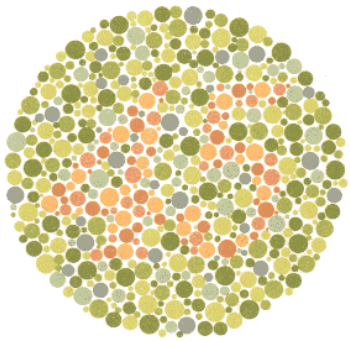

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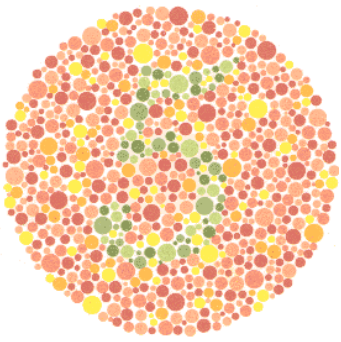

#_____

Instructions: In the space next to each color block, please write in the name of the color:

Please identify the color: _____ _____ _____ _____

My signature (electronic included) attests that I, and no one else completed this screening tool.

Signature: _____ **Date**: _____