

Medical Standards for Signal and Telegraphist Ratings

Candidates for the Signal and Telegraphist Branches must pass a detailed medical examination to ensure their general physical fitness for service in all parts of the world.

Visual Standards

The visual standards for the two branches differ.

- (a) Signalman entered as a Boy
- (b) Signalman entered for Short Service

Visual standard required is Naval Eyesight Standard I. This is : Right Eye 6/6, Left Eye 6/6, as tested by Snellen's types. The near vision must be D. 0.5 (Snellen), each eye being tested separately.

Remarks : On entry the hypermetropia present in each eye (without a mydriatic) should not exceed 2.0 dioptries; simple hypermetropic astigmatism should not exceed 1.0 dioptre; compound hypermetropic astigmatism should not exceed 2 dioptries in the meridian of greater error, and of this not more than 1.0 dioptre may be due to astigmatism. The fields of vision must be full to confrontation tests. The colour perception must be Standard I, as tested by the Martin Colour Perception Lantern.

-
- (a) Wireless Telegraphist Rating entered as a Boy
 - (b) Wireless Telegraphist Rating, Special Service

The visual standard required is Naval Eyesight Standard II. Right eye 6/9, Left Eye 6/9, as tested by Snellen's types. Near vision D. 0.5 (Snellen), each eye tested separately.

Remarks : The limits of hypermetropia, Colour Perception, etc. are the same as for Standard I, quoted above.

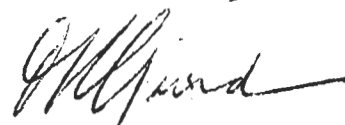
Hearing

No special audiometric tests are required owing to the shortage of these instruments, but the forced whisper must be heard with each ear separately, by the candidate when he is separated from the examiner by a distance of 20 ft.

Discharge from the ears or disease of one or both ears; a healed perforation of the tympanic membranes; radical and modified radical mastoid operations are considered to be disqualifying defects.

Remarks: (i) Perforations are looked for in all cases. Where necessary, wax is removed from the ears by syringing, written consent to this measure being first obtained from the subject. A pin-point attic perforation may be missed unless special attention is paid to this part of the membrane.

(ii) A cortical mastoid operation, provided the ear is healthy and the tympanic membrane is intact and there is no defect of hearing, is not a cause for rejection.


MEDICAL DIRECTOR-GENERAL.
8 December, 1949.