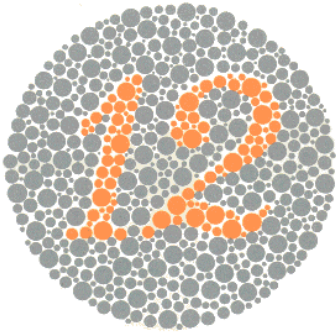


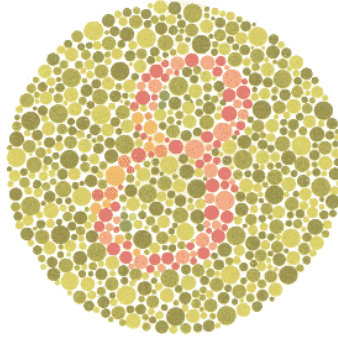
## Onboarding Questionnaire: Color Vision Screening

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

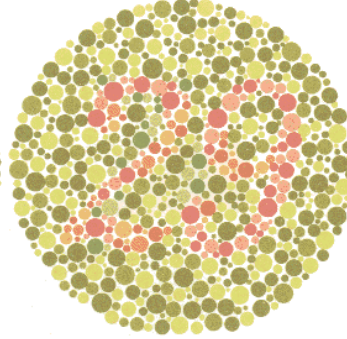
**Instructions:** Please identify the number in each circle below by recording your answer on the line below each circle



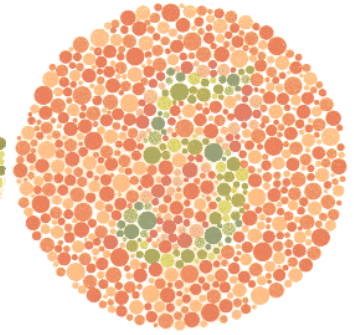
# \_\_\_\_\_



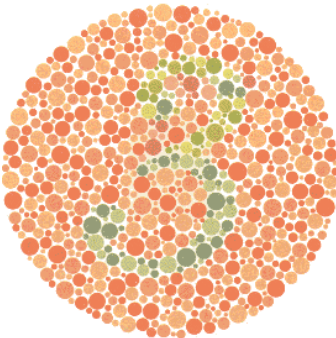
# \_\_\_\_\_



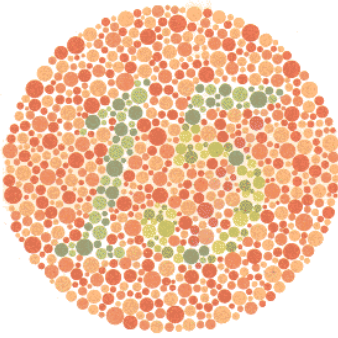
# \_\_\_\_\_



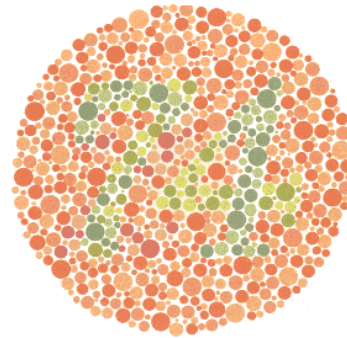
# \_\_\_\_\_



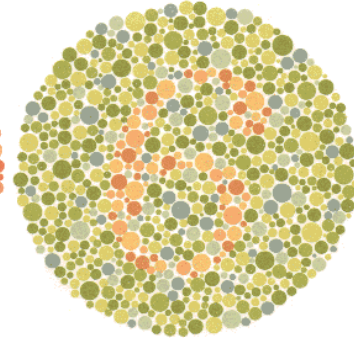
# \_\_\_\_\_



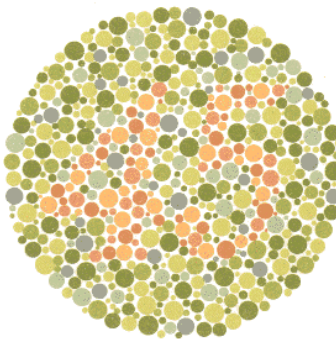
# \_\_\_\_\_



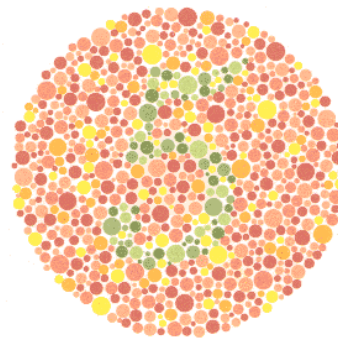
# \_\_\_\_\_



# \_\_\_\_\_



# \_\_\_\_\_



# \_\_\_\_\_

**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: \_\_\_\_\_