Color Blindness Test Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please use pen for this test. Write down the number that you see in each slide. If you don’t see anything, write “nothing”. If you aren’t sure about the number, go ahead and guess. After the test, we will check our answers. Do not change your answers—simply put an “X” next to each incorrect answer. Add up the total incorrect answers to see if you might be colorblind.

|  |  |
| --- | --- |
| **1.**  **2.**  **3.**  **4.**  **5.**  **6.**  **7.**  **8.** | **9.**  **10.**  **11.**  **12.**  **13.**  **14.**  **15.** |

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