

## VISION REPORT



## Examination MUST have been completed within 12 months of application.

NAME OF APPLICANT	SURNAME		GIVEN NAMES		II	INITIAL				
ADDRESS OF APPLICANT			l							
OLTY		PROVINCE	POSTAL CODE		OATE OF E	DIDTU				
СІТҮ		PROVINCE	POSTAL CODE		YYYY	MM	D D			
VISION STANDARDS FOR POLICE OFFICER APPLICANTS										
OPTOMETRIST / OPHTHALMOLOGIST					DATE OF EXAMINATION YYYY MM DD					
ADDRESS OF OPTOMETRIST / OPHTHALMOLOGIST										
				TE [	ELEPHON	E NUMBER				
UNCORRECTED VISUAL ACUITY - NORMAL					APPLICANT STANDARD					
At least 20/40 (6/12) with both eyes open					□ YES □ NO					
FARSIGHTEDNESS - NORMAL					APPLICANT STANDARD					
Not greater than +2.00 D, spheroequivalent in the least hyperopic eye					□ YES □ NO					
BEST CORRECTED VISUAL ACUITY - NORMAL					APPLICANT STANDARD					
At least 20/20 (6/6) with both eyes open					□ YES □ NO					
COLOUR VISION - NORMAL					APPLICANT STANDARD					
Pass Ishihara (Book or Titmus) without any colour corrective (e.g. X-Chrom, Chromagen) lenses					□ YES □ NO					
NOTE: Farnsworth Vision Test – is recommended for unsuccessful Ishihara Tests					APPLICANT STANDARD					
Pass Farnsworth D-15 without any colour corrective (e.g. X-Chrom, Chromagen) lenses					□ YES □ NO					
DEPTH PERCEPTION - NORMAL					APPLICANT STANDARD					
Stereo acuity of 80 seconds of arc or better					□ YES □ NO					
LATERAL PHORIA FAR – NORMAL					APPLICANT STANDARD					
No more than 5 eso or 5 exo				□ YES □ NO						
If No – please provide additional information, which documents that the person is unlikely to experience double vision when fatigued or functioning in reduced visual environments										
LATERAL PHORIA NEAR – NORMAL					APPLICANT STANDARD					
No more than 6 eso or 10 exo					□ YES □ NO					
If No – please provide additional information, which documents that the person is unlikely to experience double vision when fatigued or functioning in reduced visual environments										

PERIPHERAL VISION				APPLICANT STANDARD				
	Peripheral visual field limits similar angular size with res be no less than the limits giv In addition, no blind spots sl physiological blind spot. Lin	□ YES	□ NO					
	<ul> <li>Temporal (0° meridian) 75°</li> <li>Superior-temporal (45° meridian) 35°</li> <li>Superior (90° meridian) 35°</li> <li>Superior-nasal (135° meridian)</li> </ul>							
OCULAR DISEASE - NORMAL			APPLICANT STANDARD					
Free from diseases that impair visual performance as indicated by the standards above, or will produce sudden, unpredictable incapacitation of the visual system.			□ YES □ NO					
CORREC	CTIVE SURGERY	HAVE YOU EVER HAD CORRECTIVE SURGERY?	□ YES	□ NO				
PROCEDURE TYPE – Please indicate which procedure from the list below			DATE OF	PROCEDURE M M	D D			
	Corneal Refractive Surgery							
	Pseudophakic Intra-Ocular Lenses	<b>Allowed;</b> however, the candidate must meet additional requirements and must provide specific documentation on Alberta Police Recruit Selection Standards approved forms						
	Phakic Intra-Ocular Lens Implants (Piol)	Certain designs are allowed; however, the candidate must meet additional requirements and must provide specific documentation on vision stability and night vision using the Alberta Police Recruit Selection Standards approved forms						
	Orthokeratology, Corneal Transplants, and Intra- Stromalcorneal Rings	Not allowed.						
NIGHT VISION – Only required if an Applicant had Corrective Surgery			APPLICANT STANDARD					
Obtain minimum scores on at least 2 of the 3 following tests (all testing is done binocularly with, or without, any spectacle or contact lens correction):			□ YES	□ NO				
	<ol> <li>Bailey-Lovie Low Contrast Acuity in Room Illumination: minimum acuity of 0.20 logMAR</li> </ol>							
	2. Bailey-Lovie High Contras logMAR							
	Bailey-Lovie Low Contras     logMAR							
SIGNATURE O	IF DOCTOR		DATE	ММ	D D			
SIGNATURE O	)F APPLICANT		DATE YYYY	ММ	DD			

Note: All vision test results <u>will be</u> verified by a Pre-Employment Occupational Health and Safety Medical prior to employment.