



CORPORATE SERVICES DEPARTMENT • Services généraux  
**OCCUPATIONAL HEALTH • Direction de la santé au travail**

500 – 180 King Street • 500 – 180 Rue King  
Winnipeg • Manitoba R3B 3G8  
Ph: (204) 986-5218 • Fax: (204) 986-3318

**Photorefractive Keratectomy (PRK) &  
Laser Assisted In-Situ Keratomeulesis (LASIK)  
Questionnaire and Follow-up Report**

*(This confidential form must be submitted directly to the City of Winnipeg Occupational Health Branch  
at the above address and **NOT** with the application).*

PATIENT'S NAME: \_\_\_\_\_

DATE(s) OF SURGERY: \_\_\_\_\_ SURGICAL TECHNIQUE: \_\_\_\_\_

ATTENDING SURGEON: \_\_\_\_\_

**DISTANT VISION**

**UNCORRECTED ACUITY**

OD \_\_\_\_\_

OS \_\_\_\_\_

**REFRACTION & CORRECTED ACUITY**

OD \_\_\_\_\_

OS \_\_\_\_\_

**3 MONTHS POST SURGERY**

OD \_\_\_\_\_

OS \_\_\_\_\_

OD \_\_\_\_\_

OS \_\_\_\_\_

**6 MONTHS POST SURGERY**

OD \_\_\_\_\_

OS \_\_\_\_\_

OD \_\_\_\_\_

OS \_\_\_\_\_

**6 MONTHS POST SURGERY OR LATER:** \_\_\_\_\_  
Date

Are there any of the following:

- |  |           |          |
|--|-----------|----------|
| 1. Glare sensitivity or "haloing"  | Yes _____ | No _____ |
| 2. Discomfort or weakness at the orbit   | Yes _____ | No _____ |
| 3. Night vision difficulty   | Yes _____ | No _____ |
| 4. Significant diurnal variation of vision                                       | Yes _____ | No _____ |
| 5. Loss of depth perception  | Yes _____ | No _____ |
| 6. Loss of binocular vision  | Yes _____ | No _____ |
| 7. Loss of colour vision using Pseudoisochromatic Plates                         | Yes _____ | No _____ |
| 8. Should vision remain stable from this Point onward in your opinion            | Yes _____ | No _____ |
| 9. At this time does your patient meet these standards at 6 months post surgery? | Yes _____ | No _____ |

The visual acuity standard for the Winnipeg Fire Paramedic Service is as follows:

- Far visual acuity not less than 20 / 40 binocular, corrected with contact lenses or glasses.
- Uncorrected far visual acuity not less than 20 / 100 binocular for wearers of hard contacts or glasses.
- Colour perception sufficient to use imaging devices (testing must be current and have been completed with the previous (6) six months).

**GENERAL COMMENTS:**

**SIGNATURE & STAMP OF ATTENDING OPHTHALMOLOGIST / OPTOMETRIST**

\_\_\_\_\_  
Signature of Examiner

DATE: \_\_\_\_\_

PHONE: (     ) \_\_\_\_\_

