

OCCUPATIONAL HEALTH BRANCH • Direction de la santé au travail

Human Resource Services • Resources humaines

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 - Current	
UNCORRECTED ACUITY	REFRACTION & CORRECTED ACUITY
OD	OD
OS	OS
3 MONTHS POST SURGERY Date:	
OD	OD
OS	OS
6 MONTHS POST SURGERY Date:	
OD	OD
OS	OS

Are there any of the follow	wına:
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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:

1. Firefighters:

- Far visual acuity not less than 20 / 40 binocular, corrected with contact lenses or glasses unless the candidate requires a license for driving emergency vehicles. The driving standard will take precedence. Class 1-4 (Emergency) visual acuity is not less than 20/30 (6/9) with both eyes open and examined together.
- Uncorrected far visual acuity not less than 20 / 100 binocular for wearers of hard contacts or glasses; soft contact lenses are suitable.
- Colour perception sufficient to use imaging devices (testing must be current and have been completed within the previous (6) six months.

2. Paramedics:

• Must meet the Class 4 driving standard. Class 1-4 (Emergency) visual acuity is not less than 20/30 (6/9) with both eyes open and examined together.

GENERAL COMMENTS:

SIGNATURE & STAMP OF ATTENDING OPHTHALMOLOGIST / OPTOMETRIST

Signature of Examiner
Date:
Phone: ()