



Occupational Health • Direction de la santé au travail
Human Resource Services • Ressources humaines
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**CORNEAL
REFRACTIVE
SURGERY
REPORT**

WINNIPEG POLICE SERVICE

NAME OF APPLICANT		DATE OF BIRTH	YYYY	MM	DD
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TYPE OF REFRACTIVE SURGERY PROCEDURE PERFORMED:
DATE OF SURGERY:

POST - OPERATIVE ASSESSMENT	SUMMARY FROM INITIAL ASSESSMENT	SUMMARY FROM 6 MONTH ASSESSMENT
DATE OF ASSESSMENT:		
TIME OF DAY: Note: If undergone radial keratotomy, then must be at different times of the day. These times should be at least 8 hours apart.		
UNCORRECTED VISUAL ACUITIES		
RIGHT EYE		
LEFT EYE		
BEST CORRECTED VISUAL ACUITIES		
RIGHT EYE		
LEFT EYE		
SUBJECTIVE REFRACTION (Sphere and Cylinder)		
RIGHT EYE		
LEFT EYE		
CURRENT MEDICATION RELATED TO SURGERY:		

NIGHT VISION

All testing should be done binocularly with or without any spectacle or contact lens correction
Applicant must pass two of the three tests.

TEST	VISUAL ACQUITY	PASS/FAIL
<i>Bailey-Lovie Low Contrast Acuity in Room Illumination: minimum acuity of 0.20 logMAR</i>		
<i>Bailey-Lovie High Contrast Acuity in Dim Illumination: minimum acuity of 0.30 logMAR</i>		
<i>Bailey-Lovie Low Contrast Acuity in Dim Illumination: minimum acuity of 0.58 logMAR</i>		

SIGNATURE OF EXAMINER:	DATE OF EXAM:
OPHTHALMOLOGIST/OPTOMETRIST NAME (PLEASE PRINT):	
BUSINESS ADDRESS:	
BUSINESS TELEPHONE:	