# WINNIPEG POLICE SERVICE VISION REPORT

## VISION STANDARDS FOR APPLICANTS

### UNCORRECTED VISUAL ACUITY – NORMAL

20/20 vision both eyes open with at least 20/40 in each eye.

<table>
<thead>
<tr>
<th>Left eye: 20/40</th>
<th>Right eye: 20/40</th>
<th>Both eyes: 20/40</th>
</tr>
</thead>
</table>

### CORRECTED VISUAL ACUITY

At least 20/20 with both eyes open with correction.

Correction with glasses or hard contact lenses, uncorrected distant visual acuity should be 20/100 or better binocularly.

(Does not apply to correction with soft contact lenses)

<table>
<thead>
<tr>
<th>Left eye: 20/20</th>
<th>Right eye: 20/20</th>
<th>Both eyes: 20/20</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is applicant wearing corrective lenses?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Type of correction used:

### COLOUR VISION

Pass Pseudoisochromatic Plate Ishihara (PIP) without any corrective lenses

(e.g. x-Chrom, Chromagen)

**Note:** Farsworth Vision test is required for unsuccessful Ishihara Tests

Pass Farsworth D-15 without any corrective lenses

(e.g. x-Chrom, Chromagen)

<table>
<thead>
<tr>
<th>Meets Standard</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

### PERIPHERAL VISION

150 continuous degrees along the horizontal meridian and 20 degrees above and below the fixation point with both eyes

<table>
<thead>
<tr>
<th>Meets Standard</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

### OCULAR DISEASE – NORMAL

Free from diseases that impair visual performance as indicated by the standards above, or will produce sudden, unpredictable incapacitation of the visual system.

<table>
<thead>
<tr>
<th>Meets Standard</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

### CORRECTIVE SURGERY

Has the applicant ever had corrective surgery? (please circle)

| Yes | No |

If yes, please indicate with ✓ which procedure from the list below

- **Corneal Refractive Surgery**
  
  Complete Corneal Refractive Surgery Supplemental Form

- **Pseudophakic Intra-Ocular Lenses**
  
  Additional medical documentation is required

- **Phakic Intra-Ocular Lens Implants (Piol)**
  
  Additional medical documentation is required

- **Orthokeratology, Corneal Transplants, and Intra-Stromalcorneal Rings**
  
  Not Allowed

<table>
<thead>
<tr>
<th>Date of Procedure:</th>
<th>YYYY</th>
<th>MM</th>
<th>DD</th>
</tr>
</thead>
</table>

**OPHTHALMOLOGIST OR OPTOMETRIST (PLEASE PRINT)**

**BUSINESS ADDRESS**

**TELEPHONE NUMBER (INCLUDE AREA CODE)**

**SIGNATURE OF EXAMINER**

**DATE (YYYY/MM/DD)**

**SIGNATURE OF APPLICANT**

**DATE (YYYY/MM/DD)**