

## Occupational Health • Direction de la santé au travail

CORNEAL REFRACTIVE SURGERY REPORT

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## **WINNIPEG POLICE SERVICE**

NAME OF APPLICANT			DATE OF BIRTH	YYYY	ММ	DD
REFRACTIVE SURGERY PROCEDURE PERFORMED:						
DATE OF SURGERY:						
POST – OPERATIVE ASSESSMENT	SUMMARY FROM INITIAL ASSEST	SSMENT	SUMMARY FROM 6 MON	ITH ASSE	SSME	NT
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		
Bailey-Lovie Low Contrast Acuity in Room Illumination: minimum acuity of 0.20 logMAR						
Bailey-Lovie High Contrast Acuity in Dim Illumination: minimum acuity of 0.30 logMAR						
Bailey-Lovie Low Contrast Acuity in Dim Illumination: minimum acuity of 0.58 logMAR						
SIGNATURE OF EXAMINER:						
OPTHALMOLOGIST/OPTOMETRIST NAME (PLEASE PRINT):						
BUSINESS ADDRESS:						
BUSINESS TELEPHONE:						