

Human Resource Services • Ressources humaines Occupational Health • Direction de la sante au travail 500 – 180 King Street Winnipeg • Manitoba R3B 3G8 Ph: (204) 986-5218 • Fax: (204) 986-3318

	WINNIPEG PO	LICE SERVI	CE VIS	SION REPORT				
NAME OF APPLICANT	SURNAME		GIVEN	NAMES	IN		INITIAL	
ADDRESS OF APPLICANT								
CITY			PROVIN	NCE	_	PC	OSTAL CODE	
VISION STANDARDS FOR A								
UNCORRECTED VISUAL ACUIT 20/20 vision both eyes open	ΓY – NORMAL	Left eye: 2	20/	Right eye: 20/		Both eye	es: 20/	
CORRECTED VISUAL ACUITY At least 20/20 with both eyes open with corrective lenses		Left eye: 2		Right eye: 20/		Both eye		
Without corrective lenses at least 20/40 both eyes with one eye no worse than 20/80			nt wear Yes	ring corrective le	enses No	?		
					_			
COLOUR VISION Pass Pseudolsochromatic Plate Ishir	hara (DID) without any	Meets Star	ndard		_	_	_	
corrective lenses (e.g. x-Chrom, Chromagen) Note: Farnsworth Vision test is required for unsuccessful Ishihara Tests		,	Yes	,	No			
Pass Farnsworth D-15 without any corrective lenses (e.g. x-Chrom, Chromagen)			Yes	1	No			
PERIPHERAL VISION		Meets Star	ndard		—			
150 continuous degrees along the horizontal meridian and 20 degrees above and below the fixation point with both eyes			Yes		No	_		_
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.		Meets Star	ndard Yes		No			
CORRECTIVE SURGERY					_			
Has the applicant ever had corrective surgery? (please circle))	Yes		No			
If yes, please indicate with ✓ which	•	Dat		ocedure:		YYYY	ММ	DD
Corneal Refractive Surgery				Corneal Refractive S	_			,rm
Pseudophakic Intra-Ocular				medical documentat				
Phakic Intra-Ocular Lens Implants (Piol) Orthokeratology, Corneal Transplants, and Intra-Stroma				medical documentat		required		
Orthokeratology, Corneal 11	ransplants, and intra-ou	romalcornea	Rings	Not Allowed				
OPHTHALMOLOGIST OR OPTOMETRIST (PLEASE F	PRINT)				—			
		_	_		_	_	_	_
BUSINESS ADDRESS				TEL	EPHONE	E NUMBER (IN	INCLUDE AREA	A CODE)
SIGNATURE OF EXAMINER				DAT	E (YYY)	Y/MM/DD)		
SIGNATURE OF APPLICANT				DAT	DATE (YYYY/MM/DD)			