Winnipeg

Human Resource Services • *Ressources humaines*
Occupational Health • Direction de Ia sante au travail
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WINNIPEG POLICE SERVICE VISION REPORT

NAME OF APPLICANT	SURNAME	GIVEN NAMES	INITIAL
ADDRESS OF APPLICANT			
CITY		PROVINCE	POSTAL CODE

VISION STANDARDS FOR APPLICANTS

UNCORRECTED VISUAL ACUITY – NORMAL 20/20 vision both eyes open with at least 20/40 in each eye.	**Left eye: 20/** **Right eye: 20/** **Both eyes: 20/**
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)	**Left eye: 20/** **Right eye: 20/** **Both eyes: 20/** **Is applicant wearing corrective lenses?** **Yes** **No** **Type of correction used:**

COLOUR VISION Pass PseudoIsochromatic Plate Ishihara (PIP) without any corrective lenses (e.g. x-Chrom, Chromagen) ***Note**: Farnsworth Vision test is required for unsuccessful Ishihara Tests* *Pass Farnsworth D-15 without any corrective lenses (e.g. x-Chrom, Chromagen)*	**Meets Standard** **Yes** **No** **Yes** **No**

PERIPHERAL VISION 150 continuous degrees along the horizontal meridian and 20 degrees above and below the fixation point with both eyes	**Meets Standard** **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 Standard** **Yes** **No**

CORRECTIVE SURGERY
Has the applicant ever had corrective surgery? (please circle) **Yes** **No**

If yes, please indicate with ✓ which procedure from the list below	Date of Procedure: YYYY MM DD	
	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

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)