

Moose Jaw Police Service

Vision Examination of Applicant

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____

Province _____ Postal Code _____ Phone _____ Birth Date _____

Declaration: *I declare that the statements made to the ophthalmologist/optometrist are complete and correct to the best of my knowledge and that I have not withheld any relevant information or made any misleading statements. I also agree that the cost of this examination is my responsibility.*

Signature of applicant _____ Date _____

Visual Acuity

- Minimum acceptable acuity is 20/60 in both eyes or 20/40 in one eye and 20/100 in the other. Must be correctable to 20/20 or 20/30.

Uncorrected	O.D.	20/	or	6/	O.S.	20/	or	6/
Corrected	O.D.	20/	or	6/	O.S.	20/	or	6/

Corrected by eyeglasses Y / N

Corrected by contact lenses Y / N

Binocular VisionNormal _____ Abnormal _____

Corrective SurgeryNo _____ Yes _____ Type: _____ Date of surgery _____

Visual Fields

- A visual field for the purpose of this examination is defined as a vision of 140 degrees in each eye in the horizontal plane.

Normal _____ Abnormal _____ Test Used _____

Colour Vision

Pseudo-isochromatic PlatesPass _____ Fail _____ Test used _____

If applicant fails plate test, does the applicant pass the Farnsworth D-15Pass _____ Fail _____

Occular Health

Please list any other problems, either acute or chronic, with the function of the eyes and their adnexae that may affect the present or future function of the eyes or visual system.

Name of Ophthalmologist/Optometrist _____ Licence Number _____

Address _____ City _____ Postal Code _____

Signature _____ Date _____