

VISION REPORT



Examination MUST have been completed within 12 months of application.

NAME OF APPLICANT	ME OF APPLICANT		GIVEN NAMES		INITIAL					
ADDRESS OF APPLICANT			•							
CITY	PROVINCE POSTAL CODE			DATE OF BIRTH						
					YYYY	мм	D D			
VISION STANDARDS FOR POLICE OFFICER APPLICANTS										
OPTOMETRIST / OPHTHALMOLOGIST					DATE OF EXAMINATION YYYY M M D D					
ADDRESS OF OPTOMETRIST / OPHTHALMOLOGIST					I					
					TELEPHON	NE NUMBER				
UNCORRECTED VISUAL ACUITY - NORMAL					APPLICANT STANDARD					
At least 20/40 (6/12) with both eyes open				_ ·	□ YES □ NO					
FARSIGHTEDNESS-NORMAL					APPLICANT STANDARD					
Not greater than +2.00 D, spheroequivalent in the least hyperopic eye					□ YES □ NO					
BEST CORRECTED VISUAL ACUITY - NORMAL				AP	APPLICANT STANDARD					
At least 20/20 (6/6) with both eyes open				_ ·	□ YES □ NO					
COLOUR VISION - NORMAL					APPLICANT STANDARD					
Pass Ishihara (Book or Titmus) without any colour corrective (e.g. X-Chrom, Chromagen) lenses				۰ .	YES (□ NO				
NOTE: Farnsworth Vision Test – is recommended for unsuccessful Ishihara Tests					APPLICANT STANDARD					
Pass Farnsworth D-15 without any colour corrective (e.g. X-Chrom, Chromagen) lenses					YES (□ NO				
LATERAL PHORIA FAR – NORMAL					PLICANT	STANDA	.RD			
No more than 5 eso or 5 exo				_ ·	□ YES □ NO					
If No – please provide ac double vision when fatig			documents that the person d visual environments	n is uı	nlikely to	experien	ce			
LATERAL PHORIA NEAR - NORMAL					APPLICANT STANDARD					
No more than 6 eso or 10 exo				"	□ YES □ NO					
If No – please provide ac double vision when fatig			documents that the personed visual environments	n is ui	nlikely to	experien	ce			

PERIPHERALVISION				APPLICANT STANDARD				
	Peripheral visual field limits similar angular size with resbe no less than the limits give	□ YES	}	□ NO				
In addition, no blind spots should be present within these limits other than the physiological blind spot. Limits for the various meridians are:								
	 Temporal (0° meridian) 75° Superior-temporal (45° meridian) 35 Superior (90° meridian) 35 Superior-nasal (135° meridian) 							
OCULAR DISEASE - NORMAL			APPLICANT STANDARD					
Free from diseases that impair visual performance as indicated by the standards above, or will produce sudden, unpredictable incapacitation of the visual system.			□ YES □ NO					
CORREC	TIVE SURGERY	HAVE YOU EVER HAD CORRECTIVE SURGERY?	□ YES	3	□ NO			
PROCEDURE TYPE – Please indicate which procedure from the list below				YYY	PROCEDURE M M	D D		
	Corneal Refractive Surgery Allowed; however, the candidate must meet additional requirements and must provide specific documentation on vision stability and night vision using Recruit Selection Standards approved forms available through any Alberta Municipal Police Service, from the Manager of First Nations Policing for the Alberta Solicitor General and Public Security or download from our website.							
	Pseudophakic Intra-Ocular Lenses	Allowed; however, the candidate must meet additional requirements and must provide specific documentation on Alberta Police Recruit Selection Standards approved forms						
	Phakic Intra-Ocular Lens Implants (Piol)	Certain designs are allowed; however, the candidate must meet additional requirements and must provide specific documentation on vision stability and night vision using the Alberta Police Recruit Selection Standards approved forms						
	Orthokeratology, Corneal Transplants, and Intra- Stromalcorneal Rings	Not allowed.						
NIGHT VISION – Only required if an Applicant had Corrective Surgery			APPLICANT STANDARD					
Obtain minimum scores on at least 2 of the 3 following tests (all testing is done binocularly with, or without, any spectacle or contact lens correction):			□ YES	;	□ NO			
	 Bailey-Lovie Low Contrast logMAR 	Acuity in Room Illumination: minimum acuity of 0.20						
	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 O	F DOCTOR		DATE	Υ	мм	D D		
SIGNATURE O	F APPLICANT		DATE YYY		мм	D D		

<u>Note:</u> All vision test results <u>will be</u> verified by a Pre-Employment Occupational Health and Safety Medical prior to employment.