



Vision Examination of Applicant
 Confidential
 Regina Police Service

File Number:
Date:

Name	Given Names	D.O.B.	
Street Address	City or Town	Province	Postal Code
Place of Examination		Province	

1. **Visual Acuity** (Minimum acceptable acuity is 20/60 in both eyes or 20/40 in one eye and 20/100 in the other. Eyesight must be correctable to 20/20 or 20/30) Any standardized procedures (landolt ring, snellen) may be utilized. No error is allowed per line of symbols.

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

Corrected by eyeglasses
 Corrected by contact lenses
 If corrected by eyeglasses, are lenses impact resistant (ansi z. 80.1, 1979)

2. **Visual Fields**
 A visual field for the purpose of this examination is defined as a vision of 140° in each eye in the horizontal plane.
 Normal
 Abnormal

3. **Colour Vision**
 Any standardized pseudo-isochromatic plates (Ishihara, A-O, HRR, Dvorine) must be utilized. If HRR are used and if there is a deficiency, please state the degree.
 If the applicant failed the plate test, name other tests used (such as Farnsworth D-15, Anomaloscope).
 Pseudo-Isochromitic Plates Type _____
 If failed, indicate other test used Passed Failed
 If deficiency on HRR, state degree Mild Medium Strong
 Reason for colour failure Protan Anopia Deutan
 Tritan Anomalia

4. **Binocular Vision** Yes No

5. **Corrective Surgery** Yes Type _____ Date(s) _____ No

6. **Comments**
 State if there is any problem, acute or chronic, with the function of the eyes and their adnexae. State any other positive findings.

7. **Declaration**
 I declare that the statements made to 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 recognize that the expense of this examination is my responsibility.

Signature: _____ Date: _____

Ophthalmologist/Optometrist		License Number
Address	City or Town	Postal Code
Signature		Date