



VISUAL EXAMINATION FORM

POLICE SCIENCE (CADET) PROGRAM REQUIREMENTS

NOTE TO APPLICANT:

1. PLEASE ENSURE ALL AREAS ARE FULLY COMPLETED
2. All expenses relating to this examination are the responsibility of the applicant.
3. Submit completed form with your application.

LAST NAME	GIVEN NAMES	DATE OF BIRTH
ADDRESS		PHONE NUMBER

1. VISION STANDARDS FOR APPLICANTS

Complete A or B and C, D, E & F

(must receive a "Pass" for each criteria in A or B and a "Pass" in C, D, E & F):

A. Minimum visual acuity for those not requiring visual aid:

◆	Uncorrected:	Must be 6/6 (20/20) in one eye and at least 6/9 (20/30) in the other.	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
---	---------------------	---	---

B. Minimum visual acuity for those requiring visual aid: (This minimum vision acuity is required for safe performance of policing duties if glasses or contacts are lost or displaced.)

◆	Uncorrected: (without glasses or contacts lenses)	Must be at least 6/18 (20/60) in each eye, or at least 6/12 (20/40) in one eye & 6/30 (20/100) in the other.	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
◆	Corrected: (with glasses or contacts lenses)	Must be 6/6 (20/20) in one eye and at least 6/9 (20/30) in the other.	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
C. Field of Vision:			
		Must be at least 150 degrees continuous along the horizontal meridian and 20 degrees continuous above and below fixation with both eyes open and examined together.	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
D. Depth Perception:			
		Normal stereo vision (use of both eyes to judge distances) must be present. Stereo acuity must be a minimum of 70 seconds of arc or better on Titmus test.	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
E. Color Vision:			
		Ishihara Test. If Ishihara test is failed, must pass Farnsworth D-15 Test.	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
F. Binocular Vision:			
		Normal	<input type="checkbox"/> Passed <input type="checkbox"/> Failed

Applicants who have had laser eye surgery must meet the above visual standards.

2. APPLICANT'S 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 understand that some employers may have vision standards different than the above and that meeting the above standards on this date does not guarantee my vision will meet the requirements of all employers.

Applicant's signature

(in the presence of the examiner): _____ Date: _____

OPHTHALMOLOGIST/OPTOMETRIST

Name: _____

Business Address: _____

Signature: _____ Date: _____