

Vision Requirements

Police forces have a vision standard which applicants must meet at the time of applying to the force. These tests must be completed by an optometrist. The standards are:

Visual Acuity - Uncorrected 20/40 or 6/12 each eye and correctable to 20/30 or 6/9.

Colour Vision - Colour Vision Normal (CVN) by passing Ishihara test and Colour Vision Acceptable (CVA) by passing City University test or Farnsworth D-15 test.

Visual Fields - Full to confrontation test in each eye.

See the attached form indicating this standard. Please provide it to your optometrist for completion. Your optometrist's signature, address and phone number must appear on the form when you return it with your application. **All costs associated with the vision test are borne by the applicant.**

Laser Surgery Vision Requirement

Applicants who have had laser eye surgery and presently meet the vision standard normally have to demonstrate that their corrected vision has continuously met the standard over a period of time. Applicants for positions with police forces are normally only accepted under the following conditions:

- The applicant's corrected vision must continuously meet the required standard for a pre-determined period of time following the procedure, and
- The applicant must supply at their cost, proof of meeting the vision standard within 30 days of the expiration of the time period following the laser surgery.

Failure to maintain the standard or provide proof of meeting the standard may result in termination of employment or withdrawal of any conditional offers of employment.

Applicants who have undergone the eye laser surgery procedure must still meet the vision standards.

A. Applicant Particulars:

Surname	Given names		
Address			Postal Code

B. Findings of Eye Examiner:

1. Visual Acuity Test	Visual Acuity-Far		Visual Activity-Near	
	Uncorrected	Corrected	Uncorrected	Corrected
Right Eye				
Left Eye				
Both Eye				
Method Of Measurement	<input type="checkbox"/> Snellen	<input type="checkbox"/> Decimal	<input type="checkbox"/> AMA	<input type="checkbox"/> Snellen <input type="checkbox"/> Jaegar <input type="checkbox"/> Point

2. Visual Correction	Frequency of use:
<input type="checkbox"/> Nil <input type="checkbox"/> Eyeglasses <input type="checkbox"/> Contact Lenses	<input type="checkbox"/> For Permanent Use <input type="checkbox"/> For Occasional Use

3. Corrective Procedures
<input type="checkbox"/> Nil <input type="checkbox"/> Radial Keratotomy <input type="checkbox"/> Orthokeratology <input type="checkbox"/> Laser Keratectomy <input type="checkbox"/> X-Chrom Lenses <input type="checkbox"/> Other
<i>Detail of corrective procedures: (Include date of procedure, prior vision, complications, and prognosis. Is space is insufficient, attach separate page.)</i>

4. Visual Fields
A normal visual field for the purpose of this examination is defined as a vision of 120° in each eye in the horizontal plane and the absence of scotoma.
<input type="checkbox"/> Normal <input type="checkbox"/> Defective (Details):

<p>5. Diplopia</p> <p>Absent</p> <p>Present (Details):</p>	<p>6. Colour Vision</p> <p>Use Ishihara Pseudo-Isochromatic plates. If deficiency is found, administer Farnsworth D-15 as an alternatively acceptable test. In the event of a colour vision deficiency, kindly attach actual Ishihara and Farnsworth D-15 results for subsequent review.</p> <p><input type="checkbox"/> Normal <input type="checkbox"/> Deficiency</p>
<p>7. Other conditions or comments (if space is insufficient, please attach separate page).</p>	
<p>Candidate meets standard stated below:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

C. Particulars Regarding Examiner

Surname Initials:	Qualifications:
Address:	Signature:
Telephone:	Date of Examination: