



SAANICH POLICE DEPARTMENT VISION REPORT

Surname:	Given Name(s):	Date of Birth:
Address:		Postal Code:

Optometrist/ Ophthalmologist		Date of Exam: YYYY/MM/DD
Address:		
		Phone:

UNCORRECTED VISUAL ACUITY – NORMAL Binocular with not less than 20/40 in one eye, and 20/100 in the other	MEETS STANDARD YES NO
CORRECTED VISUAL ACUITY – NORMAL 20/20 with both eyes open and no eye poorer than 20/30	MEETS STANDARD YES NO
COLOR VISION- NORMAL Pass Ishihara or Farnsworth D-15 without color corrective lenses. Test Used: <input type="checkbox"/> Ishihara <input type="checkbox"/> Farnsworth D-15	MEETS STANDARD YES NO
BINOCULAR VISION- NORMAL Stereoacuity of 100 seconds of arc or better (i.e. pass TITUMS or RANDOT circle test)	MEETS STANDARD YES NO
VISUAL FIELDS- NORMAL At least 150 degrees in each eye in the horizontal plane and the absence of Scotoma	MEETS STANDARD YES NO

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

DECLARATION: I declare that the statements made to the doctor, are complete and correct to the best of my knowledge and that I have not withheld any relevant information or made any misleading statements.

Signature of Applicant: _____
(In Presence of the Examiner)

Signature of Examiner: _____



LASER EYE SURGERY REPORT

Surname: _____ Given Names: _____
Address: _____ Postal Code: _____
Telephone _____ Date of Birth: _____

Re: Laser Eye Surgery - 1 Month Report

This report must be completed by the surgeon who performed the laser eye surgery or an Ophthalmologist/eye surgeon at least 1 month post laser eye surgery.

Applicant - please read the following and sign in the presence of the examiner:

I DECLARE THAT:

1. The statements I have made to my ophthalmologist/eye surgeon are complete and correct to the best of my knowledge.
2. I have not withheld any relevant information from my ophthalmologist/eye surgeon.
3. I have not made any misleading statements to my ophthalmologist/eye surgeon.
4. I understand that making any false or misleading statements to my ophthalmologist/eye surgeon will invalidate his/her opinion with respect to my physical fitness to serve as a Regular Member of the Saanich Police Department. As a result, I may not meet the physical requirements of a Regular Member of the Saanich Police Department and I will be subject to administrative discharge.
5. The cost of this examination and report and any subsequent reports prepared by an ophthalmologist/eye surgeon is my responsibility.

Signature of Applicant

Date (Y/M/D)

Laser Eye Surgery Report **To be completed by the Ophthalmologist/eye surgeon** (Please indicate yes or no by each symptom)

The applicant has advised that he/she suffers from: "Halos" _____ "Starbursts" _____

Difficulty with night vision _____ Difficulty with contrast sensitivity _____

The ophthalmologist/eye surgeon states that the applicant has: Stable vision _____

No increased risk, in relation to a "normal" eye, for damage to the eye upon physical confrontation _____

Ophthalmologist/Optometrist _____ Date of Eye Surgery _____

Name: _____ License No.: _____

Business Address: _____ Postal Code: _____

Telephone: _____

Signature

Date (Y/M/D)