



Halifax Regional Police Vision Examination for Police Applicant

(Only this form will be accepted)

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

1. VISUAL ACUITY

Any standardized procedures (Landoit Ring, Snellen) may be utilized. No error is allowed per line of symbols.

UNCORRECTED (without glasses or contacts): 6/18 (20/60) in each eye, OR 6/12 (20/40) in one eye and at least 6/30 (20/100) in the other.	O.D. 20/ O.S. 20/	<input type="checkbox"/> Corrected by eyeglasses <input type="checkbox"/> Corrected by contact lenses
CORRECTED (glasses or contacts) 6/6 (20/20) in one eye and 6/9 (20/30) in the other	O.D. 20/ O.S. 20/	

2. VISUAL FIELDS

Visual field for the purpose of this examination is defined as: vision of 140° in each eye in the horizontal plane and the absence of scotoma.

Normal Abnormal

3. COLOUR VISION

Any standardized pseudo-isochromatic plates (Ishihara, A-O, HRR, Dvorine) can be used. Testing is to be done without the candidate using any colour correcting aids, such as coloured contact lenses. If candidate correctly identifies all patterns presented in such tests, their colour-vision will be considered normal and meets standard.

Meets standard Does not meet standard

4. NORMAL BINOCULAR VISION

Yes No

5. LASER SURGERY

Candidates who have undergone Excimer Laser Photorefractive Keratectomy (P.R.K.) or Laser corrective surgery must provide proof by written correspondence from a recognized optometrist confirming the following criteria:

- The visual acuity standards are met
- There are no corneal opacities, double vision, halo or glare problems
- Night vision has been tested and found to be normal
- The candidate has not had corrective surgery for a **full 3 months prior** to the examination.

6. COMMENTS

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

7. 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.

_____ Signature (in the presence of the examiner)		_____ Date
Name	<input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Optometrist	License No.
Signature	Date (Y/M/D)	Telephone No.
Meets Standards <input type="checkbox"/> Yes <input type="checkbox"/> No		