



SAANICH POLICE DEPARTMENT

Vision Report

Last Name	First Name(s)	Date of Birth (YYYY/MM/DD)
Address (Street, City, Province, Postal Code)		Phone Number
Optometrist / Ophthalmologist		Date of Exam (YYYY/MM/DD)
Address (Street, City, Province, Postal Code)		Phone Number
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
COLOUR VISION - NORMAL Pass Ishihara or Farnsworth D-15 without colour corrective lesnses. 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.

Signature of Optometrist / Ophthalmologist

Date Signed (YYYY/MM/DD)



SAANICH POLICE DEPARTMENT

Laser Eye Surgery Report

Last Name	First Name(s)	Date of Birth (YYYY/MM/DD)
Address (Street, City, Province, Postal Code)		Phone Number

RE: Laser Eye Surgery - One Month Report

This report must be completed by the surgeon who performed the laser eye surgery, or by an Ophthalmologist/eye surgeon at least one (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/their 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

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/they suffer(s) from:

"Halos" _____

Difficulty with night vision _____

"Starbursts" _____

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/Optomtrist

Surgery Date: _____

Name	Licence No.:
Business Address (Street, City, Province, Postal Code)	Phone Number

Signature

Date (YYYY/MM/DD)