Royal Canadian Mounted Police / Gendarmerie royale du Canada

Protected B once completed

PIB | **CMP PPU 070**

Vision Examination of Applicant

Applicant ID

Applicant Information

To be completed by the applicant

Surname	Given Names	Date of Birth (yyyy-mm-dd)

Address	Postal Code (A9A 9A9)	Date of Examination (yyyy-mm-dd)

Vision Standard

RCMP Vision Standards

- **Visual Acuity**
  - Corrected vision (with glasses or contacts): Visual acuity must be at least 6/6 (20/20) in one eye and 6/9 (20/30) in the other.
  - Uncorrected vision (without glasses or contacts): Visual acuity must be at least 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 eye.
- **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.
- **Depth Perception**
  Normal stereo vision (use of both eyes to judge distances) must be present. Stereo acuity must be 100 seconds of arc or less on the TITMUS Test or equivalent.
- **Colour Vision Testing**
  Using any standardized Pseudo-Isochromic plates (Ishihara, A-O, HRR, Dvorine). If you correctly identify all patterns presented in such tests, your colour-vision will be considered normal.

Visual Examination

To be completed by the Ophthalmologist or Optometrist

Visual Acuity

Meets Standards?

◯ Yes ◯ No

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

Uncorrected Right Eye (6/ or 20/):	Uncorrected Left Eye (6/ or 20/):
Corrected Right Eye (6/ or 20/):	Corrected Left Eye (6/ or 20/):

Corrected by:

◯ Eyeglasses ◯ Contact Lenses

Visual Fields

Meets Standards?

◯ Yes ◯ No

A normal visual field for the purpose of this examination is defined as a vision of 150° continuous in the horizontal meridian and 20° continuous above and below fixation with both eyes open and examined together.

◯ Normal ◯ Abnormal

Colour Vision

Meets Standards?

◯ Yes ◯ No

Any standardized pseudo-isochromatic plates (Ishihara, A-O, HRR, Dvorine) must be utilized. **Testing is to be done without the candidate using any colour correcting aids, such as coloured contact lenses.**

a) Indicate test used

◯ Ishihara ◯ A-O ◯ HRR ◯ Dvorine

Result of standardized pseudo-isochromatic plates test

◯ Passed ◯ Failed. Re-test using Farnsworth D-15 and **attach the results**.

b) Result of Farnsworth D-15 test (if the applicant failed the plate test). **Attach the results.**

◯ Passed ◯ Failed

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Binocular Vision

Meets Standards?

◯ Yes ◯ No

Result of binocular vision expressed in seconds of arc	Test Used (must be TITMUS or equivalent)

Ocular Pressures

Ocular pressure normal?	Right Eye Ocular Pressure	Left Eye Ocular Pressure
◯ Yes ◯ No. If no, please provide the ocular pressure for both eyes		

Past History of Ocular Disease and / or Surgery

To be completed by Ophthalmologist or Optometrist

Has the applicant been treated for ocular disease?

◯ Yes ◯ No

Has the applicant had surgery for ocular disease?

◯ Yes ◯ No

If the applicant had surgery for ocular disease, please identify the type of surgery:

◯ LASIK ◯ PRK ◯ Other, specify: Date of Surgery (yyyy-mm-dd):

At 1 month post-op, any history of:

☐ Halos ☐ Starbursts ☐ Night Vision Difficulties ☐ Contrast Sensitivity Difficulties

Is the applicant's vision now stable?

◯ Yes ◯ No

Is there currently any increased risk, relative to "normal" eyes, for damage to the eyes upon physical confrontation?

◯ Yes ◯ No

Specify any other acute or chronic problems with the function of the eyes or adnexae, if applicable.

Declaration and Consent

I, (applicant), 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 consent that this information be provided to the Royal Canadian Mounted Police for pre-selection purposes.

The cost of this examination and report and / or corneal laser surgery or any subsequent reports prepared by the ophthalmologist or optometrist is my responsibility.

Applicant's Signature _____ Date (yyyy-mm-dd) _____

Physician Information

To be completed by the Ophthalmologist or Optometrist

Name of Physician	Specialty	License Number
	◯ Ophthalmologist ◯ Optometrist	

Business Address	Telephone Number

Physician's Signature _____ Date (yyyy-mm-dd) _____