



RM Applicant Vision Examination Report

Applicant ID

Applicant Information

To be completed by the applicant				
Surname		Given Names		Date of Birth (yyyy-mm-dd)
Street Address	City	Province	Postal Code (A9A 9A9)	Date of Exam (yyyy-mm-dd)

Visual Examination

To be completed by the Ophthalmologist or Optometrist

Visual Acuity

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

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; **and**
- 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.

Meets Standards, both corrected and uncorrected?
 Yes No

Visual Fields

RCMP Field of Vision Standards
 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.

Meets Standards?
 Yes No

Colour-Vision

Standardized Ishihara pseudo-isochromatic plates must be utilized. **Testing is to be done without the candidate using any colour correcting aids, such as coloured contact lenses.**

a) Result of standardized Ishihara pseudo-isochromatic plates test
 Passed Failed. If so, re-test using Farnsworth D-15.

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

RCMP Colour-Vision Testing Standards

- Using the standardized Ishihara pseudo-isochromatic plates, if at least 17 of 21 patterns are correctly identified (pass) colour-vision will be considered normal;
- If required, further evaluation will be conducted with the Farnsworth D-15 test. If the applicant passes the Farnsworth D-15 test, the applicant will be considered to meet the minimum colour-vision standards; and
- If the applicant fails both the Ishihara test and the Farnsworth D-15 test, the minimum vision standards for an RCMP applicant are not met.

Meets Standards?
 Yes No

Ocular Disease / Conditions

Applicant must be free from ocular diseases impairing visual performance. If there is a history or the presence of an ocular disease, further information may be required at the medical examination stage for individual assessment.

Is there any indication of the presence of the following
 Strabismus Diplopia Eye Disease specify:

Is there any indication that the applicant could be at risk of experiencing double vision when tired or in an environment with reduced visual cues and/or greater visual strain and/or stress?
 Yes No

RM Applicant Vision Examination Report

Protected B
once completed

Applicant ID

Any other testing performed? Yes No

If other testing performed, clarify including test and result:

Refractive Surgery, including Corneal and Intra-Ocular Lens Procedures

Has the applicant had refraction correction surgery?

Yes No

If the applicant had refraction correction surgery, please identify the type

LASIK PRK Implanted Corrective Lenses (ICL, PIOL) Other specify:

Date of Surgery (yyyy-mm-dd)

RCMP Standard Post-Refractive Correction Surgery - Applicant must wait the following time before having a vision examination completed

- Laser-assisted in-situ keratomileusis (LASIK) surgery - thirty (30) days;
- Photorefractive keratectomy (PRK) surgery - ninety (90) days;
- Implanted corrective lenses (ICL, PIOL) surgery with anterior chamber lens - six (6) months; and
- Implanted corrective lenses (ICL, PIOL) surgery with posterior chamber lens - twelve (12) months.

Does the applicant have 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 adnexa, if applicable.

Declaration, Acknowledgement and Consent

To be completed by the applicant

I declare that the statements made to the Ophthalmologist/Optomtrist 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 acknowledge that incomplete forms will be returned to my attention and may result in disqualification of my application.

I acknowledge that my vision examination report is valid for two (2) years from the testing date.

I acknowledge that the cost of this examination, refractive correction surgery, and reports prepared by the Ophthalmologist or Optometrist are my responsibility.

I consent that this information be provided to the RCMP for pre-selection purposes.

I consent to the RCMP, Occupational Health Services, contacting the ophthalmologist or optometrist indicated below if clarification of this vision examination is required.

Signature

Date (yyyy-mm-dd)

Ophthalmologist or Optometrist

To be completed by the Ophthalmologist or Optometrist

Surname	First Name	Specialty <input type="radio"/> Ophthalmologist <input type="radio"/> Optometrist	Licence Number
Business Address			Telephone No. (incl. area code)

Signature

Date (yyyy-mm-dd)