



# PORT MOODY POLICE DEPARTMENT

## VISION REPORT FOR EMPLOYMENT APPLICATION

### TO BE COMPLETED BY THE APPLICANT:

Name of Applicant: \_\_\_\_\_  
Surname Given Name Initial

Address of Applicant \_\_\_\_\_  
Street

\_\_\_\_\_ City Province Postal Code

Have you ever had eye surgery? Yes  No  If yes, please indicate the date and type of procedure:  
\_\_\_\_\_

### TO BE COMPLETED BY THE ATTENDING OPHTHALMOLOGIST / OPTOMETRIST

Date of examination: \_\_\_\_\_  
Year / Month / Date

1. Visual Acuity		Without Visual Aid	With best possible corrections
	Right Eye	20/	20/
	Left Eye	20/	20/
	Both Eyes	20/	20/

2. Horizontal Field of Vision		Temporal	Nasal
	Right Eye		
	Left Eye		

Binocular Vision (Depth Perception) Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

COMMENTS: \_\_\_\_\_

### 3. Colour Vision determined by Pseudo-Isochromatic Plates or Farnsworth-Munsell

Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

COMMENTS: \_\_\_\_\_

### ATTENDING OPHTHALMOLOGIST / OPTOMETRIST

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Signature & Stamp: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_