NEW WESTMINSTER POLICE DEPARTMENT

555 Columbia Street, New Westminster, BC V3L 1B2
P: 604-525-5411 F: 604-529-2401 W: www.nwpolice.org

Vision Report for Police Service

TO BE COMPLETED BY THE APPLICANT:

APPLICANT'S FULL NAME: ______________________

APPLICANT'S ADDRESS: ______________________

DATE OF BIRTH: YY-MMM-DD ____________ HAVE YOU EVER HAD EYE SURGERY? ❑ YES ❑ NO

IF YES, PLEASE INDICATE THE TYPE OF PROCEDURE AND THE DATE IT WAS PERFORMED: ______________

TO BE COMPLETED BY THE ATTENDING OPHTHALMOLOGIST / OPTOMETRIST:

DATE OF EXAMINATION: YY-MMM-DD ______________________

1. VISUAL ACUITY

	WITHOUT VISUAL AID	WITH BEST POSSIBLE CORRECTION
RIGHT EYE	20 /	20 /
LEFT EYE	20 /	20 /
BOTH EYES	20 /	20 /

2. HORIZONTAL FIELD OF VISION

	TEMPORAL		NASAL	
RIGHT EYE	Degrees:	❑ NORMAL ❑ ABNORMAL	Degrees:	❑ NORMAL ❑ ABNORMAL
LEFT EYE	Degrees:	❑ NORMAL ❑ ABNORMAL	Degrees:	❑ NORMAL ❑ ABNORMAL

BINOCULAR VISION (DEPTH PERCEPTION):	❑ NORMAL	❑ ABNORMAL

COMMENTS: ______________________

3. COLOUR VISION

DETERMINED BY PSEUDO-ISOCHROMATIC PLATES OR FARNSWORTH-MUNSELL	❑ NORMAL	❑ ABNORMAL

COMMENTS:

TO BE COMPLETED BY THE ATTENDING OPTHAMOLOGIST / OPTOMETRIST:

NAME: ______________________ TELEPHONE: ____________

ADDRESS: ______________________

______________________ SIGNATURE & STAMP OF OPTHAMOLOGIST/OPTOMETRIST

____________ DATE [YY-MMM-DD]