# VISUAL EXAMINATION FORM

## POLICE SCIENCE (CADET) PROGRAM REQUIREMENTS

**NOTE TO APPLICANT:**
1. PLEASE ENSURE ALL AREAS ARE FULLY COMPLETED
2. All expenses relating to this examination are the responsibility of the applicant.
3. Submit completed form with your application.

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<th>LAST NAME</th>
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## 1. VISION STANDARDS FOR APPLICANTS

**Complete A or B and C, D, E & F:**

- **A. Minimum visual acuity for those not requiring visual aid:**
  - **Uncorrected:** Must be 6/6 (20/20) in one eye and at least 6/9 (20/30) in the other.
  - Passed | Failed

- **B. Minimum visual acuity for those requiring visual aid:** (This minimum vision acuity is required for safe performance of policing duties if glasses or contacts are lost or displaced.)
  - **Uncorrected:** (without glasses or contacts lenses) Must be at least 6/18 (20/60) in each eye, or at least 6/12 (20/40) in one eye & 6/30 (20/100) in the other.
  - Passed | Failed
  - **Corrected:** (with glasses or contacts lenses) Must be 6/6 (20/20) in one eye and at least 6/9 (20/30) in the other.
  - Passed | Failed

- **C. 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.
  - Passed | Failed

- **D. Depth Perception:** Normal stereo vision (use of both eyes to judge distances) must be present. Stereo acuity must be a minimum of 70 seconds of arc or better on Titmus test.
  - Passed | Failed

- **E. Color Vision:** Ishihara Test. If Ishihara test is failed, must pass Farnsworth D-15 Test.
  - Passed | Failed

- **F. Binocular Vision:** Normal
  - Passed | Failed

Applicants who have had laser eye surgery must meet the above visual standards.

## 2. APPLICANT’S DECLARATION:

I 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 understand that some employers may have vision standards different than the above and that meeting the above standards on this date does not guarantee my vision will meet the requirements of all employers.

Applicant’s signature (in the presence of the examiner): ______________________ Date: ____________

**OPHTHALMOLOGIST/OPTOMETRIST**

Name: ______________________

Business Address: ____________________________________________

Signature: ______________________________________ Date: ____________

QF190-APAVisualExamForm

Revision: Two

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