



ABBOTSFORD POLICE DEPARTMENT

2838 Justice Way, Abbotsford, BC V2T 3P5

P: 604-859-5225

F: 604-859-2527

W: www.abbypd.ca

Visual Acuity Report - Police Constable

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:

ABBOTSFORD POLICE VISION STANDARDS FOR EMPLOYMENT

Uncorrected Vision:	No less than 20/40 in one eye and 20/100 in the other eye
Corrected Vision:	No less than 20/20 in one eye and 20/30 in the other eye
Color Vision:	Should be normal (i.e. pass the Farnsworth D-15 test)
Peripheral Vision:	150 continuous degrees along the horizontal meridian binocularly, and 30 degrees above and below the fixation point
Binocular Vision:	Normal

TO BE COMPLETED BY THE ATTENDING OPHTHALMOLOGIST / OPTOMETRIST

Please note the information must be in the Snellen format (i.e. 20/20, 20/40, etc.)

Examination Date:	Year / Month / Day	Does the candidate meet the vision requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO
Visual Acuity	Uncorrected	Corrected
Right eye:		
Left eye:		
Both eyes:		
Color Vision:	Normal:	Abnormal:
Peripheral Vision:	Right eye:	Left eye:
Binocular Vision:	Normal:	Abnormal:
Comments:		

ATTENDING OPHTHALMOLOGIST / OPTOMETRIST

Name:	Telephone:
Address:	
Signature & Stamp:	
APPLICANT'S SIGNATURE:	DATE: