



Prince Albert Police Service

Vision Examination of Applicant

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____

Province _____ Phone Number _____ D.O.B. _____

Declaration: I declare that the statements made to the Ophthalmologist/Optomestrist 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 also agree that the cost of this examination is my responsibility.

Signature of applicant _____ Date _____

Visual Acuity and Refraction

Minimum acceptable acuity 20/60 binocularly or 20/40 in one eye and 20/100 in other eye. Must be correctable to not less than 20/30 binocularly.

Uncorrected O.D. 20/ or 6/ Corrected O.D. 20/ or 6/
O.S. 20/ or 6/ O.S. 20/ or 6/

Corrected by eyeglasses
Corrected by contact lenses RGP Soft
Can contact lenses be worn for more than 12 continuous hours Yes No

Refractive Error O.D. Binocular Vision Normal Abnormal
O.S. Stereo acuity 80 sec arc or better

Refractive Surgery None PRK Lasik Date of Surgery _____

Colour Vision

Pseudo-isochromatic Plates Pass Fail Test Used _____
If applicant fails plates, do they pass Farnsworth D-15 Yes No

Visual Fields

Confrontation Fields 120 degrees or greater in horizontal plane O.D. Pass Fail
Central Electronic Fields Normal Abnormal Test Used _____

Ocular Health

Please list any other problems, either acute or chronic with the function or health of the eyes and adnexa that may impact on the present or future function of the eyes or visual system.

Name of Ophthalmologist/Optomestrist _____

Address _____ City or town _____

License Number _____ Phone _____

Date _____

DOES THIS APPLICANT MEET THE MINIMUM EYE REQUIRMENTS?

Yes No Temporary Rejection

Signature of Ophthalmologist/Optomestrist _____



Medical Examination Form for Police Applicants

Police Department: _____

Examined by: _____ Date: _____

Address: _____ Phone: _____

Applicant:

Surname: _____ Christian Names: _____

Address: _____ DOB: _____ Sex: _____
(Street)

(City or Town) _____ (Province) _____ (Postal Code) _____

Name of Family Physician: _____ Phone: _____

Health History

Have you ever had or are you suffering from

	Yes	No		Yes	No		Yes	No
1. Illness or injuries since previous exam	<input type="checkbox"/>	<input type="checkbox"/>	12. Lung disease or chronic cough	<input type="checkbox"/>	<input type="checkbox"/>	23. Back injuries and/or back problems	<input type="checkbox"/>	<input type="checkbox"/>
2. Eye trouble	<input type="checkbox"/>	<input type="checkbox"/>	13. Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	24. Broken bones	<input type="checkbox"/>	<input type="checkbox"/>
3. Ear trouble or deafness	<input type="checkbox"/>	<input type="checkbox"/>	14. Indigestion	<input type="checkbox"/>	<input type="checkbox"/>	25. Foot troubles	<input type="checkbox"/>	<input type="checkbox"/>
4. Nose or throat trouble	<input type="checkbox"/>	<input type="checkbox"/>	15. Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	26. Rheumatism or joint trouble	<input type="checkbox"/>	<input type="checkbox"/>
5. Hay fever – Asthma – Sinusitis	<input type="checkbox"/>	<input type="checkbox"/>	16. Rupture	<input type="checkbox"/>	<input type="checkbox"/>	27. Bleeding disorders	<input type="checkbox"/>	<input type="checkbox"/>
6. Headaches	<input type="checkbox"/>	<input type="checkbox"/>	17. Hemorrhoids	<input type="checkbox"/>	<input type="checkbox"/>	28. Nervous disorders	<input type="checkbox"/>	<input type="checkbox"/>
7. Head injuries	<input type="checkbox"/>	<input type="checkbox"/>	18. Kidney and/or bladder trouble	<input type="checkbox"/>	<input type="checkbox"/>	29. Used alcoholic beverages to excess	<input type="checkbox"/>	<input type="checkbox"/>
8. Fainting spells – Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	19. Venereal disease	<input type="checkbox"/>	<input type="checkbox"/>	30. Operations	<input type="checkbox"/>	<input type="checkbox"/>
9. Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	20. Varicose veins	<input type="checkbox"/>	<input type="checkbox"/>	31. Allergies	<input type="checkbox"/>	<input type="checkbox"/>
10. Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	21. Tropical diseases	<input type="checkbox"/>	<input type="checkbox"/>	32. Drug allergies	<input type="checkbox"/>	<input type="checkbox"/>
11. Palpitations	<input type="checkbox"/>	<input type="checkbox"/>	22. Skin disease	<input type="checkbox"/>	<input type="checkbox"/>	33. On any medication	<input type="checkbox"/>	<input type="checkbox"/>
34. Other: _____								

Details of Positive Health History

Height _____ Weight _____ Physique _____

Complexion _____ Skin disease(degree) _____ Hair colour _____ Eye colour _____

Chest measurements (male only)
(a) Full inspiration _____ In. (b) Forced expiration _____ In.

Vision without aids _____ Vision with aids _____
R _____ L _____ R _____ L _____
Glasses Required? Yes _____ No _____
If "Yes" are present ones satisfactory? Yes _____ No _____
Colour vision (City University or Farnsworth D15 test)

Physical Examination

Blood Pressure		Pulse	
Systolic	Diastolic	Irregular <input type="checkbox"/>	Regular <input type="checkbox"/>
	Normal	Abnormal	
1. Lymphatic System	<input type="checkbox"/>	<input type="checkbox"/>	
2. Hearing (cv)			
R	<input type="checkbox"/>	<input type="checkbox"/>	
L	<input type="checkbox"/>	<input type="checkbox"/>	
3. Ear (drums)			
R	<input type="checkbox"/>	<input type="checkbox"/>	
L	<input type="checkbox"/>	<input type="checkbox"/>	
4. Head	<input type="checkbox"/>	<input type="checkbox"/>	
5. Nose (passages)	<input type="checkbox"/>	<input type="checkbox"/>	
6. Mouth (teeth)	<input type="checkbox"/>	<input type="checkbox"/>	
7. Throat (tonsils)	<input type="checkbox"/>	<input type="checkbox"/>	
8. Chest	<input type="checkbox"/>	<input type="checkbox"/>	
9. Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
10. Heart	<input type="checkbox"/>	<input type="checkbox"/>	
11. Spine	<input type="checkbox"/>	<input type="checkbox"/>	
12. Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
13. Hernia	<input type="checkbox"/>	<input type="checkbox"/>	
14. Genito-urinary	<input type="checkbox"/>	<input type="checkbox"/>	
15. Varicocele	<input type="checkbox"/>	<input type="checkbox"/>	
16. Hemorrhoids	<input type="checkbox"/>	<input type="checkbox"/>	
17. Extremities			
(a) Hands	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Feet	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Varicose veins	<input type="checkbox"/>	<input type="checkbox"/>	
18. Reflexes	<input type="checkbox"/>	<input type="checkbox"/>	

Females Only

Breast Examination — to determine presence of nodules or tumors.

Gynaecological History — with pelvic examination including pap smear.

Laboratory Examination

Blood Wassermann	Haemoglobin	E.S.R.	Blood group	Rh.
Urinalysis				
Albumen	Sugar		Microscopic	
Chest X-Ray (if necessary in physician's opinion)				
Film No.	Where taken			
Report:				
ECG — after age 39 years				
Other studies as deemed necessary				

Is applicant physically fit for employment as a Police Officer? Yes No Temporary Rejection

Guide for Medical Examiners

- **Blood Pressure:** Must be reasonably normal. Extremely high blood pressure should be considered cause for rejection unless controllable by medication but, if the deviation from normal is considered of a temporary nature only, the Medical Examination may, at his discretion, suggest to the applicant to return for a re-check. In such cases a notation should be made on the form.
- **Body Development:** The muscular system must be well developed; contraction or deformity of joints or abnormal curvature of the spine are causes for rejection.
- **Body Marks:** Distinctive marks and any peculiar physical features are to be noted for identification purposes.
- **Chest:** Contraction or deformity of the chest is cause for rejection.
- **Diabetes:** Dependency on insulin would be cause for rejection.
- **Feet:** Must be free from defect, amputation or deformity.
- **Hands:** Must be free from defect, amputation or deformity. The amputation of all of a finger or thumb may be cause for rejection. In all cases particulars as to the joint or joints amputated are to be noted. If the condition will not prove to be a handicap in the use of a typewriter or firearms or the performance of any other duty which a member might be called on to perform, the applicant may be accepted.
- **Hay Fever:** A candidate who shows evidence of or discloses a past history of hay fever during initial or final examination shall be referred to a specialist or consultant for examination and assessment as to suitability.
- **Hearing:** Perforated ear drums is cause for rejection. If hearing is impaired referral should be made to an Ear, Nose and Throat specialist.
- **Heart:** Must be devoid of disease, or as far as can be judged, tendency to disease. In doubtful cases it is cause for rejection.
 - ◀ **Note:** Applicants rejected for this cause may, if they wish, consult a cardiologist at their own expense and submit his recommendations for consideration.
- **Hemorrhoids:** Cause for rejection.
- **Hernia:** Cause for rejection.
- **Lungs:** Must be devoid of disease or, as far as can be ascertained, tendency to disease.
- **Nasal Passages:** Must be unobstructed and no growth of nasal polypi present.
- **Observations:** Any tendency to nervous instability is to be noted on the form.
- **Skin Disease:** Acute acne or other skin disease of a serious nature is cause for rejection. Show the degree if applicant has evidence of this condition.
- **Throat:** Must be healthy.
- **Tonsils:** Must be healthy, simple enlargement of tonsils will not be a cause of rejection unless there is a history of frequent sore throat and evidence of acute or chronic disease present in the tonsils.
- **Urinalysis:** Must be free of abnormal conditions; i.e., the presence of albumen or blood or sugar on repeated tests is a cause of rejection.
- **Varicose Veins:** A marked condition is cause for rejection.
- **Vision:** Visual acuity--applicants must have not poorer than 20/60 in both eyes, or 20/40 in one eye and 20/100 in the other eye, correctable to 20/30 in both eyes.
 - ◀ **Colour Vision:** All candidates must pass the City University Test or the Farnsworth D15 Test.
 - ◀ **Visual Fields:** All candidates must undergo a full to confrontation test in each eye.
- **Weight:** Well proportioned according to height.
- **Additional Causes For Rejection:** Any form of tuberculosis, syphilis or gonorrhoea; addiction to the use of opium or other drugs, or the inordinate use of alcohol or constitutional impairment due to previous indulgence; pronounced speech impediment; history of rheumatism, epilepsy, nervous instability, mental disease, gastric or duodenal ulcers, haemoptysis, asthma or sinusitis unless controllable by medication.