



## **DAKOTA OJIBWAY POLICE SERVICE**

### **VISION REPORT**

*Submit Vision Report with Application, to:*

**Chief of Police  
Dakota Ojibway Police Service  
P.O. Box 37  
5000 Crescent Road West  
Portage la Prairie, MB R1N 3B2  
Fax: (204) 856-5389  
Email: [dops@dops.org](mailto:dops@dops.org)**

Telephone Inquiries should be directed to: (204) 856-5370

[www.dops.org](http://www.dops.org)

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# DAKOTA OJIBWAY POLICE SERVICE

## VISION REPORT FORM

<b>SURNAME:</b>		<b>GIVEN NAMES:</b>			
MAIDEN NAME (IF APPLICABLE)		DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH:	
ADDRESS			CITY		PROVINCE
POSTAL CODE					

UNCORRECTED	CORRECTED WITH GLASSES	CORRECTED WITH SOFT CONTACT LENSES
RIGHT      20/	RIGHT      20/	RIGHT      20/
LEFT      20/	LEFT      20/	LEFT      20/
BINOULAR   20/	BINOULAR   20/	BINOULAR   20/

PRESCRIPTION FOR GLASSES ISSUED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PRESCRIPTION FOR SOFT CONTACT LENSES ISSUED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
APPLICANT'S VISION HAS BEEN CORRECTED BY REFRACTIVE SURGERY	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PROGNOSIS AS TO THE FUTURE CONDITION OF THE APPLICANT'S EYESIGHT?		
HORIZONTAL VISION (NORMAL – NOT LESS THAN 130 DEGREES EACH EYE EXAMINED SEPARATELY)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

COLOR VISION PSEUDO-ISOCROMATIC PLATES TYPE: _____ PASSED: <input type="checkbox"/> FAILED: <input type="checkbox"/>	FARNSWORTH D-15 VISION TEST RECOMMENDED FOR UNSUCCESSFUL PIP TESTS FARNSWORTH:          PASSED <input type="checkbox"/> FAILED <input type="checkbox"/> INTERPRETATION OF RESULTS:
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OPHTHAMOLOGIST/OPTOMETRIST NAME (PLEASE PRINT)			TELEPHONE:		
ADDRESS			CITY		PROVINCE
POSTAL CODE					
SIGNATURE OF OPTHAMOLOGIST/OPTOMETRIST					DATE: (YYYY/MM/DD)
SIGNATURE OF APPLICANT					DATE: (YYYY/MM/DD)

**DAKOTA OJIBWAY POLICE SERVICE VISION STANDARDS**

<b>UNCORRECTED VISION</b>	20 / 20 BINOCULAR
<b>CORRECTED</b>	20 / 20 BINOCULAR WITH CORRECTION
	20 / 40 BINOCULAR UNCORRECTED WITH 20 / 40 IN WEAKER EYE (WITH GLASSES)
	20 / 40 UNCORRECTED WITH 20 / 80 IN WEAKER EYE (WITH SOFT CONTACT LENSES)
<b>COLOUR BLINDNESS</b>	NO COLOUR BLINDNESS OR COLOUR VISION DEFICITS
	CANDIDATES WHO FAIL THE PIP MUST PASS THE FARNSWORTH D-15
	NO USE OF ROSE-COLOURED GLASSES DURING TESTING
<b>REFRACTIVE EYE SURGERY</b>	NO SIGNIFICANT DIFFICULTY WITH GLARE OR NIGHT VISION
	MINIMUM DEFERRAL OF 6 MONTHS POST OP FOR CANDIDATES UNDER 35 YEARS AND 1 YEAR POST OP FOR THOSE 35 YEARS OF AGE
	NO INDICATION THAT UNCORRECTED FAR ACUITY WILL BE SIGNIFICANTLY DEGRADED WITHIN THE NEXT 2-3 YEARS
	NO SIGNIFICANT DIURNAL INSTABILITY IN VISUAL TESTING OR FUNCTION
<b>ORTHOKERATOLOGY</b>	WILL NOT BE CONSIDERED AS AN ACCEPTABLE FORM OF ACUITY ENHANCEMENT.