NWPD
RECRUITING

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

NWPD Vision Report Form

TO BE COMPLETED BY THE APPLICANT:

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Miss APPLICANT'S FULL NAME			DATE OF BIRTH (YY-MMM-DD)
APPLICANT'S ADDRESS	CITY	PROVINCE	POSTAL CODE
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:

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 and Describe Deficiencies: _____

3. COLOUR VISION

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

Comments: _____

4. DATE OF EXAMINATION: (YY-MMM-DD) _____

TO BE COMPLETED BY THE ATTENDING OPHTHALMOLOGIST / OPTOMETRIST:

NAME		TELEPHONE	
ADDRESS	CITY	PROVINCE	POSTAL CODE

_____ SIGNATURE & STAMP OF OPHTHALMOLOGIST/OPTOMETRIST

_____ DATE (YY-MMM-DD)