



MANITOBA FIRST NATIONS POLICE

VISION REPORT

Submit Vision Report with Application, to:

**Chief of Police
Manitoba First Nations Police
P.O. Box 37
5000 Crescent Road West
Portage la Prairie, MB R1N 3B2
Fax: (204) 856-5389
Email: mfnp@mfnp.ca**

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

www.mfnp.ca

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**MANITOBA FIRST NATIONS POLICE
VISION REPORT FORM**

SURNAME:		GIVEN NAMES:		
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/
BINOCULAR 20/	BINOCULAR 20/	BINOCULAR 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 OPHTHAMOLOGIST/OPTOMETRIST				DATE: (YYYY/MM/DD)

SIGNATURE OF APPLICANT	DATE: (YYYY/MM/DD)
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MANITOBA FIRST NATIONS POLICE VISION STANDARDS

UNCORRECTED VISION	20 / 20 BINOCULAR
CORRECTED	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)
COLOUR BLINDNESS	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
REFRACTIVE EYE SURGERY	NO SIGNIFICANT DIFFICULTY WITH GLARE OR NIGHT VISION
	MINIMUM DEFERRAL OF 6 MONTHS POST OP FOR CANDIDATES UNDER 35 YEARS AND 1 YEARS 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 FUCTION
ORTHOKERATOLOGY	WILL NOT BE CONSIDERED AS AN ACCEPTABLE FORM OF ACUITY ENHANCEMENT.