Appendix A4.4.0b



Alberta Police Recruit Selection Guidelines

SUPPLEMENTAL VISION REPORT – FORMS

For Police Constable Applicants





Police Recruit Selection Guideline Corneal Refractive Surgery Summary for all Candidates

Candidate's Name: Refractive Surgery Procedure Performed:		Date:		
		Date of Surgery:		
	Summary from Pre Assessment ¹	evious	Summary from Most Recent Assessment ¹	
Date of Assessment:				
Time of Day: ²				
Uncorrected Visual Acuities Right Eye:				
Left Eye:				
Best Corrected Visual Acuities Right Eye:				
Left Eye:				
Subjective Refraction (Sphere and cylinder) Right Eye:				
Left Eye:				
Current Medication Related to the Surgery:				
¹ These examinations must be	at least 21 days apart.			
² If the candidate has undergor These times should be at least		wo assessmer	nts must be at different times of the day.	
		Addı	ress:	
Si	gnature			
	at/Optometrist's Name			



Police Recruit Selection Guideline Night Vision Testing Summary

For either corneal refractive surgical procedures or Phakic Intra-Ocular lens implants

Candidate's Name:				
Date of Assessment:				
Test ₁	Visual Acuity	Pass/Fail		
Room Illumination Bailey-Lovie Low Contrast Acuity Minimum requirement is at least 0.20 logMAR				
High Contrast Bailey-Lovie Acuity with Filters (after 5 min of adaptation) ² Minimum requirement is at least 0.30 logMAR				
Low Contrast Bailey-Lovie Acuity with Filters (after 5 min of adaptation) ² Minimum requirement is at least 0.58 logMAR				
¹ All testing should be done binocularly				
² The dark adaptation period is with the filters on. The candidate is required to dark adapt only once for the low luminance testing sequence				
In order to meet the night vision standard, the candidate must pass two of the three tests.				
OVERALL RESULT				
PASS: FAIL:				
	Address:			
Signature				
Ophthalmologist/Optometrist's Name (Please print)				



Police Recruit Selection Guideline Pseudophakic Intra-Ocular Lens Surgery Summary

Candidate's Name:		Date:		
Type of intra-ocular lens:	ype of intra-ocular lens: Date of Surgery:		y:	
	Su	mmar	y from Most Recent Ass	essment
Date of Assessment:				
Uncorrected Visual Acuities	Right Eye:		Left Eye:	
Best Corrected Visual Acuities	Right Eye:		Left Eye:	
Subjective Refraction (Sphere and cylinder)	Right Eye:		Left Eye:	
Is the candidate strabismus or likely to experience double vision? Solution				
If the surgery was a clear lens extra	action, was prop	hylaction	c laser surgery performed?	
YE	S	NO	N/A	
In your opinion has the candidate r strenuous activities? For example, speed for 100 metres, climbing over	dragging a 45 k	g weigh	t for 10 metres, lifting 30kg	g, running at high
	YES		NO	
			Address:	
Signature				
Ophthalmologist/Optome (Please print)				



Police Recruit Selection Guideline Summary for Artisan Phakic Intra-ocular Lens Implant

Night Vision Testing is also required.

See Appendix 1 of the Guidelines for Examining Ophthalmologists/Optometrists

Candidate's Name: Date:				Date:	
Date of Surgery:	Date of Surgery:				
		ı			
	3 Month Post Operative As	sessment	6 Month	Post Operative Assessment	
Date of Assessment:					
Uncorrected Visual Acuities ¹ Right Eye:					
Left Eye:					
Best Corrected Visual Acuities Right Eye:					
Left Eye:					
Subjective Refraction ^{1, 2} (Sphere and cylinder) Right Eye:					
Left Eye:					
Appearance of crystalline lens Right Eye:					
Left Eye:					
¹ Visual acuities and refractive errors between 3 and 6 months post-operative must be stable. Acuities are considered as being stable if the values are within ± 3 letters of each other at each visit. The refractive results are stable if the spherical component for each eye is within ± 0.50 dioptre and the cylindrical component is also within ± 0.50 dioptre for each eye for the two assessments.					
Date that any lens opacities/vacuoles/cataracts were first noted ² :					
² If there are any lens opacities present within the first 6 months post operative or the refractive error has not been stable for at least 3 months, then the waiting period will be extended. Please consult <i>Appendix 3</i> for more details.					
		Address:			
Signa	ture				
Ophthalmologist/Optometrist's Name (Please print)					



Police Recruit Selection Guideline Summary for Artisan Phakic Intra-ocular Lens Implant

Night Vision Testing is also required.

See Appendix 1 of the Guidelines for Examining Ophthalmologists/Optometrists

Candidate's Name:			Date:	
Date of Surgery:	Date of Surgery:			
_				
	12 Moi	nth Post Operative Asse	essment	
Date of Assessment:				
Uncorrected Visual Acuities ¹ Right Eye:				
Left Eye:				
Best Corrected Visual Acuities Right Eye:				
Left Eye:				
Subjective Refraction ^{1, 2} (Sphere and cylinder) Right Eye:				
Left Eye:				
Appearance of crystalline lens ¹ Right Eye:				
Left Eye:				
Date that any lens opacities/vacuoles/cataracts were first noted:				
¹ If there are any lens opacities present within the first 12 months post-operative, then the waiting period will be extended. Please consult <i>Appendix 3</i> for more details.				
		Address:		
Signature				
Ophthalmologist/Optometrist's Name (Please print)				