Royal Canadian Mounted Police / Gendarmerie royale du Canada

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PIB	RCMP PPU 070

RM Applicant Vision Examination Report

National Recruiting Processing Centre

Applicant ID (max. 10 characters)

Privacy Notice

The Royal Canadian Mounted Police (RCMP) is committed to protecting the privacy rights of individuals and safeguarding the personal information under its control. Per the Privacy Act, **personal information** means information about an identifiable individual that is recorded in any form.

The personal health information (PHI) you provide to RCMP Recruiting will be used to determine your eligibility for engagement in the RCMP. This information is collected in accordance with section 9.1 (1) of the *Royal Canadian Mounted Police Act*, and will be retained and disposed of in accordance with section 6 of the *Privacy Act*.

Personal information collected by RCMP Recruiting will only be disclosed in accordance with section 8 of the *Privacy Act*, and is described in the Personal Information Bank, RCMP PPU 070.

Although you are not obligated to provide any PHI, refusal to do so in instances where it is required to determine your eligibility for engagement in the RCMP may prevent RCMP Recruiting from processing your application to become a member of the RCMP.

You have the right to the protection of, and access to, your personal information; you may request corrections if you believe there is an error or omission by contacting the RCMP's Access to Information and Privacy (ATIP) Branch at ATIP-AIPRP@rcmp-grc.gc.ca.

Individuals have the right to file a complaint with the Office of the Privacy Commissioner of Canada regarding the RCMP's handling of their personal information. For more information, please see the Office of the Privacy Commissioner of Canada website.

For inquiries concerning the handling of your PHI by the RCMP, you may contact the RCMP ATIP Branch at ATIP-AIPRP@rcmp-grc.gc.ca.

Applicant Information

To be completed by the applicant.

Surname	Given Names			Date of Birth (yyyy-mm-dd)
Street Address	City	Province	Postal Code (A9A 9A9)	Date of Exam (yyyy-mm-dd)

Visual Examination

To be completed by the Ophthalmologist or Optometrist.

Visual Acuity

Any standardized procedures (Landolt Ring, Snellen) may be utilized. No error is allowed per line of symbols.

Visual Acuity	Right Eye	Left Eye	Both Eyes
Uncorrected (6/ or 20/)			
Corrected (6/ or 20/)			

Corrected by: ☐ Eyeglasses ☐ Contact Lenses

RCMP Vision Standards Visual Acuity

- Corrected vision (with glasses or contacts): Visual acuity **must** be at least 6/6 (20/20) binocularly (both eyes open), **and**
- Uncorrected vision (without glasses or contacts): Visual acuity **must** be at least 6/18 (20/60) in each eye **or** 6/12 (20/40) in one eye and at least 6/30 (20/100) in the other eye.

Meets Standards (both corrected and uncorrected)? ◯ Yes ◯ No

Visual Fields

RCMP Field of Vision Standards

The binocular visual field should be at least 150 degrees in the horizontal direction, and the extent in the vertical and oblique directions should be at least 70 degrees in diameter, centred on the fixation point.

Meets Standards? ◯ Yes ◯ No

Colour-Vision

Standardized Ishihara pseudo-isochromatic plates must be utilized. **Testing is to be done without the candidate using any colour correcting aids, such as coloured contact lenses.**

a) Result of Standardized Ishihara Pseudo-isochromatic Plates test: ◯ Passed ◯ Failed. If so, re-test using Farnsworth D-15.

b) If the applicant failed the plate test, indicate result of Farnsworth D-15 test. **Attach the results.** ◯ Passed ◯ Failed

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RCMP Colour-Vision Testing Standards

- Using the standardized Ishihara pseudo-isochromatic plates, if at least 17 of 21 patterns are correctly identified (pass) colour-vision will be considered normal;
- If required, further evaluation will be conducted with the Farnsworth D-15 test, with a **two-minute time limit** for each arrangement of the caps. If the applicant passes the Farnsworth D-15 test, the applicant will be considered to meet the minimum colour-vision standards; and
- If the applicant fails both the Ishihara test and the Farnsworth D-15 test, the minimum vision standards for an RCMP applicant are not met.

Meets Standards?	◯ Yes	◯ No

Ocular Disease / Conditions

Applicant must be free from ocular diseases impairing visual performance. If there is a history or the presence of an ocular disease, further information may be required at the medical examination stage for individual assessment.

Is there any indication of the presence of the following: ☐ Strabismus ☐ Diplopia ☐ Eye Disease specify:

Is there any indication that the applicant could be at risk of experiencing double vision when tired or in an environment with reduced visual cues and/or greater visual strain and/or stress?	◯ Yes	◯ No
Was any other testing performed?	◯ Yes	◯ No

If other testing was performed, clarify including test and result.

Refractive Surgery, including Corneal and Intra-Ocular Lens Procedures

Has the applicant had refraction correction surgery?	◯ Yes	◯ No

If the applicant had refraction correction surgery, please identify the type.

◯ LASIK ◯ PRK ◯ Implanted Corrective Lenses (ICL, PIOL) ◯ Other specify:

Date of Surgery (yyyy-mm-dd):

RCMP Standard Post-Refractive Correction Surgery - Applicant must wait the following time before having a vision examination completed:

- Laser-assisted in-situ keratomileusis (LASIK) surgery – thirty (30) days for <5.00 D pre-operative refractive error; ninety (90) days otherwise;
- Photorefractive keratectomy (PRK) surgery – thirty (30) days if pre-operative refractive error was <5.00 D; ninety (90) days otherwise;
- Small incision lenticule extraction (SMILE, ReLEX SMILE) – thirty (30) days if pre-operative refractive error was <5.00 D; ninety (90) days otherwise;
- Implanted corrective lenses (ICL, PIOL) surgery with anterior chamber lens – six (6) months;
- Implanted corrective lenses (ICL, PIOL) surgery with posterior chamber lens – six (6) months.

Does the applicant have any history of:	☐ Halos	☐ Starbursts	☐ Night Vision Difficulties	☐ Contrast Sensitivity Difficulties
Is the applicant's vision now stable?	◯ Yes	◯ No		
Is there currently any increased risk, relative to "normal" eyes, for damage to the eyes upon physical confrontation?	◯ Yes	◯ No		

Specify any other acute or chronic problems with the function of the eyes or adnexa, if applicable.

Declaration, Acknowledgement and Consent

To be completed by the applicant.

- ☐ I declare that the statements made to the Ophthalmologist/Optometrist 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 acknowledge that incomplete forms will be returned to my attention and may result in disqualification of my application.
- ☐ I acknowledge that my vision examination report is valid for two (2) years from the testing date.
- ☐ I acknowledge that the cost of this examination, refractive correction surgery, and reports prepared by the Ophthalmologist or Optometrist are my responsibility.
- ☐ I consent that this information be provided to the RCMP for pre-selection purposes.
- ☐ I consent to the RCMP, Occupational Health Services, contacting the ophthalmologist or optometrist indicated at the end of this form, if clarification of this vision examination is required.

Signature of Applicant	Date (yyyy-mm-dd)

Ophthalmologist or Optometrist

To be completed by the Ophthalmologist or Optometrist.

Surname	First Name	Specialty ◯ Ophthalmologist ◯ Optometrist	Licence Number
Business Address			
Telephone Number (incl. area code)	Signature		Date (yyyy-mm-dd)