



Visual Acuity Test – Recruiting Unit

To be completed by your physician or optometrist.

Candidate's Information				
Surname (Please Print):		Given Name:		
Have you ever had eye surgery? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please indicate type/date performed:		
NOTE: Radial Keratotomy (ortho-K) is <u>not</u> an accepted procedure				
Visual Acuity Results				
Results	Left Eye (OS)	Right Eye (OD)	Both Eyes Open	Passed "Y/N"
Uncorrected Vision (20/40 with both eyes open, with one eye no worse than 20/100)	20/	20/	20/	
Corrected Vision (20/20 with both eyes open, with one eye no worse than 20/40)	20/	20/	20/	
Peripheral Vision (150 continuous degrees along the horizontal meridian binocularly and 30 degrees above and below the fixation point)				Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>
Binocular Vision (Stereo-acuity of 100 seconds of arc or better i.e. pass the TITUMS or RANDOT – Circles test)				Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>
Colour Vision (Colour vision must be normal)				Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>
Health Professional Designation				
Name of Health Professional (Please Print)			Office Stamp	
Signature				
Date of Examination (yyyy-mm-dd)	Candidate meets Standard? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Instructions				
Medical Practitioner: Retain copy for your records and provide original to candidate.				
Candidate: Retain original for your records.				