Winnipeg

**OCCUPATIONAL HEALTH BRANCH • Direction de la santé au travail**
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## OPTOMETRIST / OPHTHALMOLOGIST REPORT
### *(Winnipeg Fire Paramedic Service Recruits)*

**Applicant's Name**: _____     **Date of Exam**: _____
(within previous 24 months)

The visual acuity standard for the Winnipeg Fire Paramedic Service is as follows:

*1.   **Firefighters:***
- *Far visual acuity not less than 20 / 40 binocular, corrected with contact lenses or glasses <u>unless</u> the candidate requires a license for driving emergency vehicles.  The driving standard will take precedence.  **Class** 1-**4** (Emergency) **visual acuity** is not less than 20/30 (6/9) with both eyes open and examined together.*
- *Uncorrected far visual acuity not less than 20 / 100 binocular for wearers of hard contacts or glasses; soft contact lenses are suitable.*
- *Colour perception sufficient to use imaging devices (testing must be current and have been completed within the previous (6) six months.*

*2.   **Paramedics:***
- *Must meet the Class 4 driving standard.  **Class** 1-**4** (Emergency) **visual acuity** is not less than 20/30 (6/9) with both eyes open and examined together.*

**A.   <u>Visual Acuity</u>**

| <u>Uncorrected:</u> | | <u>Corrected:</u> | |
|---|---|---|---|
| OD | 20 / _____ | OD | 20 / _____ |
| OS | 20 / _____ | OS | 20 / _____ |
| OU | 20 / _____ | OU | 20 / _____ |

- Prescription issued for:  **1. Glasses?** Yes ☐    No ☐    **2. Soft Contact Lenses?** Yes ☐    No ☐
- Currently wearing glasses or contact lenses?   Yes ☐    No ☐
- Has applicant's vision been corrected by Refractive Surgery?  Yes ☐    No ☐

   *If yes, date of surgery and type* _____

   ***If yes and surgery was within past 24 months,  please complete Questionnaire and Follow-up report***

**B.   <u>Colour Vision Test:</u>**

   Type: _____     Pass _____     Fail _____

- Farnsworth D-15 required if Ishihara fail; attach results.

**C.   <u>Horizontal Visual Field:</u>**  (State in degrees)  _____°  (*Manitoba Driver and Vehicle Licensing Standard for Class 4 license:  **"May drive if person's horizontal visual field of vision not less than 150 ° with both eyes tested together"**)*

**D.   <u>General Eye Health:</u>**  Any evidence of eye disease or injury? _____  If yes, explain: _____

_____

**SIGNATURE & STAMP OF ATTENDING OPHTHALMOLOGIST / OPTOMETRIST**

_____
SIGNATURE OF EXAMINER

DATE: _____