



**WINNIPEG FIRE PARAMEDIC SERVICE VISION REPORT FOR COMMUNICATION OPERATOR**

|                      |            |             |
|----------------------|------------|-------------|
| SURNAME OF APPLICANT | GIVEN NAME | INITIALS    |
| ADDRESS OF APPLICANT |            |             |
| CITY                 | PROVINCE   | POSTAL CODE |

**VISION REQUIREMENTS FOR COMMUNICATION OPERATOR APPLICANTS**

|   |   |
|---|---|
| <b>A. <u>Uncorrected visual acuity - Distant</u></b><br>- 20/40 vision both eyes open | <b><u>Testing Results:</u></b><br>OS: 20/ _____ OD: 20/ _____ OU: 20/ _____ |
|---|---|

|  |  |
|--|--|
| <b>B. <u>Corrected visual acuity - Distant</u></b><br>- At least 20/30 both eyes open with corrective lenses<br>- Without corrective lenses at least 20/40 both eyes | <b><u>Testing Results:</u></b><br>OS: 20/ _____ OD: 20/ _____ OU: 20/ _____<br><b>Does applicant wear corrective lenses?</b><br>Yes _____ No _____ |
|--|--|

|  |  |
|--|--|
| <b>C. <u>Ocular Disease</u></b><br>- Free from diseases that impair visual performance as indicated by the requirement above, or will produce sudden, unpredictable incapacitation of the visual system. | <b><u>Meets Requirement:</u></b><br>Yes _____ No _____ |
|--|--|

**Note:** 90% of a Communication Operator's job duties are in front of a computer terminal with multiple monitors varying in size. Communication Operators must be able to see computer screens, phones, and reports, to name a few. The ability to see both near and far and be able to adjust focus is essential.

|   |                                      |
|---|--------------------------------------|
| OPHTHALMOLOGIST OR OPTOMETRIST (PLEASE PRINT) |                                      |
| BUSINESS ADDRESS                              | TELEPHONE NUMBER (INCLUDE AREA CODE) |
| SIGNATURE OF EXAMINER                         | DATE (YYYY/MM/DD)                    |
| SIGNATURE OF APPLICANT                        | DATE (YYYY/MM/DD)                    |