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 unless 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. **Visual Acuity**
   - **Uncorrected:**
     - OD 20 / __________
     - OS 20 / __________
     - OU 20 / __________
   - **Corrected:**
     - OD 20 / __________
     - OS 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. **Colour Vision Test:**
   - Type: ___________________ Pass ______ Fail ______
     - Farnsworth D-15 required if Ishihara fail; attach results.

C. **Horizontal Visual Field:** (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. **General Eye Health:** Any evidence of eye disease or injury? ______ If yes, explain: ______________

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

**SIGNATURE OF EXAMINER**

**DATE:** __________________________