



York Regional Police

Vision, Hearing and Medical Requirements Guidebook for Police Constable Applicants

Note that these guidelines are currently under review, and may be subject to change

Dear Applicant,

Thank you for considering a policing career with York Regional Police!

The information contained in this booklet outlines the hearing and vision standards, as well as the medical assessment requirements of the York Regional Police recruiting process for Police Constable personnel. This information is being provided at this stage of the process to assist you in determining your suitability for a Police Constable position, to allow you to make an informed decision about pursuing a policing career with York Regional Police.

In order for an Applicant to meet the minimum pre-interview hearing and vision standards, York Regional Police requires Applicants to have a vision assessment performed with a certified Canadian Optometrist or Ophthalmologist, and a hearing assessment performed with a certified Canadian Hearing Instrument Specialist or Audiologist. These assessments are to be performed at the Applicant's choice of practitioner, at their own cost. If an Applicant fails to meet the minimum hearing and vision standards, they will be required to undergo and successfully pass further examination by a certified Canadian Specialist (Ophthalmologist, in the case of a vision assessment, or an Audiologist, in the case of a hearing assessment).

In the final stage of the recruitment and selection process, Applicants will complete a medical history questionnaire and undergo a comprehensive medical examination with a Physician acting on behalf of York Regional Police. The medical suitability of an Applicant will be determined solely on the basis of this medical examination. Through this evaluation, the Physician will assess any medical condition that may potentially prevent an individual from performing the duties of a Police Constable safely and effectively.

An Applicant will be disqualified from the selection process due to the presence of any medical condition, treatment, limitation or disease, which in the performance of essential Police duties:

- Inhibits performance to a degree that, even with accommodation, essential duties cannot be completed safely and effectively;
- Increases, to an unacceptable level, the risk to the Applicant's personal health;
- Increases the Applicant's risk of sudden incapacitation or impaired judgement;

- Can result in the transmission of an infectious disease to a co-worker to the public; or
- Renders the individual unfit to be a professional driver, according to the Canadian Medical Association (CMA).

You will find a list of medical conditions that constitute grounds for disqualification explained further in this booklet. Please note that the list presented is not comprehensive, and it is recommended that Applicants self-assess before they commence participating in the Police Constable recruitment and selection process with York Regional Police.

Applicants should not discuss their particular medical conditions with York Regional Police at this stage of the selection process, reserving this discussion with a Physician at the medical assessment stage.

Please print this booklet in its entirety and bring it with you to your appointments, as there is additional information included for your Practitioners to refer to when conducting your examinations. Note that we will only accept forms that have been completed and signed by a Canadian licensed Practitioner. You will then include your completed forms (“**Authorization & Acknowledgement Form**”, “**Applicant Vision Examination Report**” and “**Applicant Hearing Examination Report**”) in your application package. Note that applications received without these forms, as well as any of the forms listed on the Mandatory Documents Checklist, will not be processed until all forms are received.

We wish you good luck in the Police Constable recruitment and selection process with York Regional Police.

York Regional Police

Uniform Recruiting Unit

Toll Free: 1-866-876-5423 ext. 6720

Email: recruiting@yrp.ca

DISCLAIMER

York Regional Police reserves the right to disqualify an Applicant if the medical standards are not met. By completing this package, the Applicant acknowledges they are aware and agree that York Regional Police may disqualify you based on any disqualifying grounds as outlined in this booklet. The purpose of this document is to identify any potential areas of concern that may impede an Applicant's ability to conduct Police duties safely and effectively.

The Applicant's Physician is required to acknowledge that the Applicant meets the medical standards, and identifies any areas of concern regarding the Applicant's overall health, which may impede on Police Constable duties. Note that the Physician is not required to state a diagnosis. The completed forms are valid for a period of one year from the date they are signed by the Physician.

INSTRUCTIONS FOR PRACTITIONERS

If the Applicant does not meet the hearing and/or vision standards as outlined in this booklet, they must be referred to a Specialist, and meet the standards stipulated in the "**Instructions for Specialist**" sections below. Please do not include a diagnosis on this form.

YORK REGIONAL POLICE VISION STANDARDS

PRE – INTERVIEW STAGE

An Applicant must have good vision and good overall eye health. If an Applicant has any medical conditions that may alter, worsen, or degrade the Applicant's vision or impede on Police duties (i.e., significant myopia), the Applicant must be referred to a Specialist.

GUIDELINES FOR EXAMINING OPHTHALMOLOGISTS/OPTOMETRISTS

The vision examination and report(s) must be completed by a Canadian Optometrist or Ophthalmologist. Please complete and sign the form attached to this booklet, and advise if the Applicant would be able to conduct Police duties without concern. In your professional opinion regarding the Applicant's overall ocular and vision status, please assess the Applicant's ability to conduct essential job tasks without posing a significant safety risk to themselves, co-workers or members of the general public. In your determination, please consider such factors as the potential to sustain physical force trauma to the eye, or for the Applicant to be directly contaminated in the eyes with Oleoresin Capsicum (pepper spray).

MINIMUM VISION STANDARDS:

- **Corrected Visual Acuity** (with glasses or contacts) – must be at least 6/6 (20/20) in one eye and 6/9 (20/30) in the other eye; and
- **Uncorrected Visual Acuity** (without glasses or contacts) – 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.

***This minimum vision acuity is required for the safe performance of policing duties if glasses or contact lenses are lost or displaced ***

- **Farsightedness** – the amount of hyperopia must not be greater than +2.00 D, spheroequivalent in the least hyperopic eye with cycloplegic refraction.
- **Lateral Phoria “Far”** – in excess of 5 eso or 5 exo, requires additional information from an eye care professional, which documents that the person is unlikely to experience double vision when fatigued or functioning in reduced visual environments (Appendix 1).
- **Lateral Phoria “Near”** – in excess of 6 eso or 10 exo, requires additional information from an eye care professional, which documents that the person is unlikely to experience double vision when fatigued or functioning in reduced visual environments (Appendix 1).
- **Colour Vision** – is considered normal if the Applicant can identify 17 of 21 test patterns correctly using the Ishihara pseudo-isochromatic plates test without the use of any colour correcting aids such as coloured contact lenses. If the Applicant fails the Ishihara pseudo-isochromatic plates test, the Farnsworth D-15 test can be administered (please attach results of both tests). If the Applicant correctly passes the Farnsworth D-15 test, they will

be considered to meet the minimum colour vision standards. If the Applicant fails both tests, the minimum standards will be considered as not met. (Appendix 2).

- **Peripheral Vision** – peripheral visual field limits with a 5mm white target at 33cm (or a target with similar angular size with respect to the Applicant's viewing distance), should be no less than the limits given below. In addition, no blind spots should be present within these limits, other than the physiological blind spot. In addition, no blind spots should be present within these limits, other than the physiological blind spot. Limits for the various meridians are:

- ✓ Temporal (0° meridian) 75°
- ✓ Superior-temporal (45° meridian) 40°
- ✓ Superior (90° meridian) 35°
- ✓ Superior-nasal (135° meridian) 35°
- ✓ Nasal (180° meridian) 45°
- ✓ Nasal-inferior (225° meridian) 35°
- ✓ Inferior (270° meridian) 55°
- ✓ Inferior-temporal (315° meridian) 70°

Corneal Refractive Surgery:

Allowed; However, Applicants who have undergone corneal refractive surgery to meet these vision requirements must demonstrate that refractive error has remained stable for a 30-day period for LASIK, a 90-day period for PRK, A 6-month period for ICL/PIOL with anterior chamber lens, and a 12-month period for ICL/PIOL with posterior chamber lens. There are no problems with contrast sensitivity and glare. The Specialist must provide specific documentation outlining the condition in a separate report. (Appendix 3).

Pseudophakic Intra-ocular Lens Implants:

Single focus (monofocal) intra-ocular lens implants as part of cataract surgery or clear lens extractions can be allowed. However, the Applicant must meet additional requirements and the Specialist must provide specific documentation outlining the condition in a separate report. Multifocal implants are not allowed, because of reduced contrast sensitivity and halos at night. (Appendix 4).

Phakic Intra-ocular Lens Implants (PIOL):

STAAR Visian (STAAR ICL), Alcon Cachet and Artisan (Verisyse) are allowed. However, the Applicant must meet additional requirements and must provide specific documentation on vision stability and night vision in a separate report. (Appendix 5).

- ✓ Orthokeratology, corneal transplants, intra-stromal corneal rings – not allowed
- ✓ Ocular disease – Applicant must be free from diseases that impair visual performance as indicated by the standards above, or will produce sudden, unpredictable incapacitation of the visual system.

YORK REGIONAL POLICE HEARING STANDARDS PRE – INTERVIEW STAGE

An Applicant's hearing ability and ear canal must be in overall good health. If an Applicant has any medical conditions that may alter, worsen or degrade the Applicant's hearing or impede on Police duties, the Applicant must be referred to an Audiologist.

INSTRUCTIONS FOR SPECIALIST

Please complete and sign the form attached to this booklet, and advise if the Applicant would be able to conduct Police duties without concern.

MINIMUM HEARING STANDARDS:

Pure-tone thresholds measured under audiometric headphones shall not exceed 25 dB HL in each ear at the following frequencies: 500, 1000, 2000, 3000 and 4000 Hz.

An Applicant whose hearing levels fail to meet these requirements must be evaluated using the headphone version of the HINT, a speech recognition test conducted in both quiet and in noise. An Applicant must meet the following criteria:

- 1) Criterion for SRTs measured in quiet: 35 dB(A) or less
- 2) Criterion for SRTs measured in noise: the screening criterion for the English version of the test is a HINT Composite SRT of -4.4 dB SNR—a 2 dB elevation above the norm (headphone norm = -6.4 dB SNR). SRTs in noise are to be measured with the noise level fixed at 75 dB(A). The screening criterion corresponds to a speech level for the HINT Composite threshold of 70.6 dB(A) or less.

Applicants who do not pass the headphone version of the HINT will be referred to an Audiologist to undergo sound field testing with the HINT. Sound field testing is conducted with loudspeakers and allows for unaided (i.e. without hearing aids) or aided (i.e. with hearing aids) assessment.

YORK REGIONAL POLICE MEDICAL STANDARDS POST – INTERVIEW STAGE

MEDICAL CONDITIONS THAT MAY CONSTITUTE GROUNDS FOR DISQUALIFICATION

Physicians are charged with the responsibility of evaluating fitness to drive, with each patient they assess. In evaluating Police Constable Applicants, Physicians must determine if an Applicant is capable of possessing a professional driver's license, as well as performing other Police duties such as those involving the use of a weapon. Prospective Applicants seeking further clarification about specific medical conditions listed below should consult directly with their Physician.

Cardiac Diseases and Disorders

The assessment of Police Constable Applicants with heart conditions must consider the risk of sudden incapacitation. The CMA considers a yearly risk for sudden incapacitation of greater than 1% to be unacceptable for holding a professional driver's license.

Peripheral Vascular Disease

- Sustained hypertension with systolic pressure > 170mm Hg or diastolic pressure > 110mm Hg precludes an individual from obtaining a professional driver's license, and therefore disqualifies an Applicant from becoming a Police officer. If an Applicant can subsequently document that he/she has been able to improve and maintain a BP lower than 170/110 for a period of six (6) months, he/she can be reconsidered.
- An active deep venous thrombosis or untreated hypercoagulable state is grounds for disqualification, pending documented resolution of active or recurrent thrombosis.
- An abdominal aortic aneurysm larger than 5.0cm requires surgical repair before an Applicant can be considered.

Cerebral Vascular Disease

- Symptomatic carotid artery stenosis, transient ischemic attacks or stroke require assessment by a neurologist to determine whether safety to drive is compromised.
- Presence of an untreated cerebral aneurysm renders an Applicant ineligible to drive an emergency vehicle, and they would be therefore disqualified.
- Presence of a surgically treated cerebral aneurysm renders the Applicant ineligible to drive an emergency vehicle for six (6) months, and subsequently requires a favourable opinion from the attending Neurosurgeon before the Applicant may be considered.

Nervous System

Epilepsy, Parkinson's Disease, Multiple Sclerosis, Cerebral Palsy, Muscular Dystrophy, Myasthenia Gravis and Spina Bifida

An Applicant is disqualified if he/she has a history of:

- Vasovagal reactions to nauseous stimuli that could be encountered on the job (i.e. smell or sight of blood)
- Any seizures that disqualify the Applicant from meeting the professional driver requirements of the CMA's determining medical fitness to drive
- Narcolepsy
- Uncorrected, severe sleep apnea

An Applicant is disqualified if her/her condition shows the presence of:

- A central nervous system (CNS) tumour
- A surgically treated CNS tumour that results in an unfavourable opinion from the neurosurgeon about the safety of the Applicant to drive with a professional driver's license
- Chronically symptomatic vestibular conditions
- Any neurological disorder, such as multiple sclerosis, that results in loss of muscle control to an extent that a Specialist assessment will determine insufficient motor skills to perform Police duties such as discharging a firearm (note that impairments of strength and fatigue would have been assessed during the Physical Readiness Evaluation Police [PREP] testing)
- Any condition or disease of the nervous system that renders an Applicant medically unfit to be a professional driver

Respiratory

The PREP assessment will adequately screen almost all forms of chronic respiratory disease. Those Applicants with less predictable, sudden respiratory compromise, such as asthmatics requiring frequent emergency visits, or those with a recurring pneumothorax, should be referred back to their treating Specialist. If satisfactory disease control has been achieved and maintained for the past twelve (12) months, the Applicant can be considered. If not, the Applicant will require documentation from an independent Specialist indicating that he/she is able to hold a professional driver's license.

Renal

An Applicant is disqualified if he/she has dialysis dependence. Presence of progressive renal failure will require assessment by a Nephrologist.

Endocrine

- Insulin dependent diabetes mellitus requires a referral to an Endocrinologist to determine if the patient is medically capable to be a professional driver, in accordance with the driving fitness guidelines of the CMA and the Canadian Diabetes Association.
- An Applicant is disqualified if he/she has non-insulin treated diabetes and shows a low understanding of his/her condition (i.e., not following a Physician's instructions on diet, medication or the prevention of complications, such as hypoglycemia), and is not under regular supervision of a qualified healthcare practitioner to ensure that any progression in condition or in complications does not go undetected.
- Evidence of an uncontrolled or poorly controlled condition related to thyroid, parathyroid, pituitary deficiency, diabetes insipidus, or adrenal dysfunction prevents an Applicant from holding a professional driver's license. Once adequately treated, an Applicant must demonstrate stability for six (6) months in order to be reconsidered.

Medications, Drugs and Alcohol

The assessment of a Police Constable Applicant's medication, drug and alcohol use is similar to that used to determine the fitness of a patient to drive under a professional driver's license. However, this assessment must also determine the potential impairment to other policing duties, most notably the use of a weapon. If the examining Physician determines that an Applicant is not fit to drive under a professional license or other policing duties, then the Applicant is to be disqualified. If an Applicant is using or has used a substance or alcohol at a level that is deemed to cause a disqualifying level of impairment for employment as a Police Constable, the Applicant must provide evidence that a discontinuation or reduction to a tolerable level has been maintained for a period of at least one (1) year.

Life-Threatening Infectious Diseases

Applicants with chronic life-threatening infectious diseases (i.e. HIV, TB, etc.) will be assessed on a case-by-case basis in order to determine medical fitness for Police work. Infectious diseases may result in a delay or denial of medical clearance.



York Regional Police

AUTHORIZATION & ACKNOWLEDGEMENT FORM

Applicant Information *(to be completed by the Applicant)*

Surname	Given Name(s)			Telephone Numbers Cell: Home:
Street Address	City	Province	Postal Code	Email Address

I acknowledge that I have read and understand the Vision, Hearing and Medical Requirements information contained in this booklet, and I confirm:

- I am a Canadian citizen or permanent resident of Canada
- I am at least 18 years of age
- I am physically and mentally able to perform the duties of a police constable, having regard to my own safety and the safety of members of the public
- I have successfully completed at least four (4) years of secondary school, or equivalent
- I possess a valid "G" driver's license with no more than six (6) accumulated demerit points, permitting me to drive a vehicle in Ontario with full driving privileges
- I have current certification in emergency or standard first aid and CPR-C
- I am of good moral character and habits, meaning that I am a trustworthy individual of integrity

I hereby apply to take the pre-interview qualifying assessments as directed by York Regional Police. I understand and agree that success in these assessments will determine my eligibility for an interview, but will in no way obligate York Regional Police to either grant me an interview or offer me employment.

I currently hold an OACP Certificate of Results Yes No

NOTE: An OACP COR is no longer required to apply with York Regional Police

If yes, please complete the following:

Certificate #: _____

PATI – Expiry Date: _____

WCT – Expiry Date: _____

PREP – Expiry Date: _____

BPAD – Expiry Date: _____

Due to a disability, I will require consideration for assessment accommodation: Yes No

If yes, please note that supporting documentation will be required from your physician prior to participating in any assessment with York Regional Police.

Declaration, Acknowledgement and Consent *(to be completed by the Applicant)*

I acknowledge that I have read and understand the Vision, Hearing and Medical Requirements information contained in this booklet. I hereby declare that the foregoing information is true and complete. I understand that a false statement or omission may disqualify me from employment, or result in dismissal.

Signature of Applicant

Date (dd-mm-yy)



York Regional Police

APPLICANT VISION EXAMINATION REPORT

Applicant Information <i>(to be completed by the Applicant)</i>				
Surname	Given Name(s)			Date of Birth (dd-mm-yy)
Street Address	City	Province	Postal Code	Exam Date (dd-mm-yy)

Visual Examination *(to be completed by the Ophthalmologist or Optometrist)*

Please refer to the "York Regional Police Vision Standards" attached to this form

VISUAL ACUITY	
Uncorrected Right Eye (6/ or 20/)	Uncorrected Left Eye (6/ or 20/)
Corrected Right Eye (6/ or 20/)	Corrected Left Eye (6/ or 20/)
Corrected by:	<input type="checkbox"/> Glasses <input type="checkbox"/> Contact Lenses
Meets Standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
VISUAL FIELDS	
Refer to detailed visual standards listed on this form. Please refer to Appendix 1 in the Guidebook.	
Farsightedness	Meets Standards? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lateral Phoria "Far"	Meets Standards? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lateral Phoria "Near"	Meets Standards? <input type="checkbox"/> Yes <input type="checkbox"/> No
Peripheral Vision	Meets Standards? <input type="checkbox"/> Yes <input type="checkbox"/> 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. Please refer to Appendix 2 in the Guidebook.	
a) Result of standardized Ishihara pseudo-isochromatic plates test:	
<input type="checkbox"/> Passed <input type="checkbox"/> Failed (If so, re-test using Farnsworth D-15)	
b) Result of Farnsworth D-15 test (if the applicant failed the plate test, please attach results of both tests)	
<input type="checkbox"/> Passed <input type="checkbox"/> Failed	
Meets Standards? <input type="checkbox"/> Yes <input type="checkbox"/> 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:	
<input type="checkbox"/> Strabismus <input type="checkbox"/> Diplopia <input type="checkbox"/> Eye Disease (please 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was any other testing performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please indicate testing performed and result(s): _____	

REFRACTIVE SURGERY, INCLUDING CORNEAL & INTRA-OCULAR LENS PROCEDURES	
Please proceed to Appendix 3 in the Guidebook for additional forms	
Has the applicant had refraction correction surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please indicate the type of surgery that was performed:	
<input type="checkbox"/> LASIK <input type="checkbox"/> PRK <input type="checkbox"/> Implanted Corrective Lenses (ICL, PIOL) <input type="checkbox"/> Other (please specify): _____	

Date of Surgery (dd-mm-yy): _____	

York Regional Police Standard Post-Refractive Correction Surgery (Note that applicant must wait the following time before having a vision examination completed):

- Laser-assisted, in-situ keratomileusis (LASIK) surgery – thirty (30) days
- Photorefractive keratectomy (PRK) surgery – ninety (90) days
- Implanted corrective lenses (ICL, PIOL) surgery with anterior chamber lens – six (6) months, and
- Implanted corrective lenses (ICL, PIOL) surgery with posterior chamber lens – twelve (12) 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

Please specify any other acute or chronic problems with the function of the eyes or adnexa, if applicable:

In your professional opinion regarding the Applicant's overall ocular and vision status, do you believe that the Applicant would be able to conduct essential job tasks without posing a significant safety risk to themselves, co-workers or members of the general public? In your determination, please consider such factors as the potential to sustain physical force trauma to the eye area, or be directly contaminated in the Applicant's eyes with Oleoresin Capsicum (pepper spray).

Applicant Does Not Pose a Risk Applicant May Pose a Risk

Declaration, Acknowledgement and Consent *(to be completed by the Applicant)*

- I declare that the statements made to the Ophthalmologist or 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 me, 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 any reports prepared by the Ophthalmologist or Optometrist are my responsibility.
- I consent that this information be provided to York Regional Police for the purposes of the pre-selection process.
- I consent to have York Regional Police contact the Ophthalmologist or Optometrist as indicated below, should further clarification of this vision examination be required.

Signature of Applicant

Date (dd-mm-yy)

Ophthalmologist or Optometrist Information *(to be completed by the Practitioner)*

Surname	Given Name(s)	Specialty <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Optometrist	License Number
Business Address			Telephone Number

Signature of Practitioner

Date (dd-mm-yy)

YORK REGIONAL POLICE PRE-INTERVIEW VISION STANDARDS FOR POLICE CONSTABLE APPLICANTS PRACTITIONER INFORMATION

An applicant must have good vision and good overall eye health. If an applicant has any medical conditions that may alter, worsen, or degrade the applicant's vision or impede on Police duties (i.e., significant myopia), the applicant must be referred to an Optometrist.

INSTRUCTIONS FOR SPECIALIST

Please complete and sign the form attached to this booklet, and advise if the applicant would be able to conduct Police duties without concern. In your professional opinion regarding the Applicant's overall ocular and vision status, please assess the Applicant's ability to conduct essential job tasks without posing a significant safety risk to themselves, co-workers or members of the general public. In your determination, please consider such factors as the potential to sustain physical force trauma to the eye, or be directly contaminated in the Applicant's eyes with Oleoresin Capsicum (pepper spray).

MINIMUM VISION STANDARDS

- Corrected visual acuity (with glasses or contact lenses) – must be at least 20/20 (6/6) in one eye, and 6/9 (20/30) in the other; and
- Uncorrected visual acuity (without glasses or contact lenses) – 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.
- Farsightedness – the amount of hyperopia must not be greater than +2.00 D, spheroequivalent in the least hyperopic eye
- Lateral phoria "far" – in excess of 5 eso or 5 exo, requires additional information from an eye care professional, which documents that the person is unlikely to experience double vision when fatigued or functioning in reduced visual environments
- Lateral phoria "near" – in excess of 6 eso or 10 exo, requires additional information from an eye care professional, which documents that the person is unlikely to experience double vision when fatigued or functioning in reduced visual environments
- Colour vision – pass Farnsworth D-15 without any colour corrective (e.g. X-Chrom, Chromagen) lenses
- Peripheral vision – peripheral visual field limits with a 5mm white target at 33cm (or a target with similar angular size with respect to the applicant's viewing distance), should be no less than the limits given below. In addition, no blind spots should be present within these limits, other than the physiological blind spot
- Limits for the various meridians are:
 - ✓ Temporal (0° meridian): 75°
 - ✓ Superior-temporal (45° meridian): 40°
 - ✓ Superior (90° meridian): 35°
 - ✓ Superior-nasal (135° meridian): 35°
 - ✓ Nasal (180° meridian): 45°
 - ✓ Nasal-inferior (225° meridian): 35°
 - ✓ Inferior (270° meridian): 55°
 - ✓ Inferior-temporal (315° meridian): 70°

Corneal Refractive Surgery:

Allowed; however, the applicant must meet additional requirements and the Specialist must provide specific documentation on vision stability and night vision.

Pseudophakic Intraocular Lenses:

Allowed; however, the applicant must meet additional requirements and the Specialist must provide specific documentation outlining the condition in a report.

Phakic Intraocular Lens Implants (PIOL):

Certain designs are allowed; however, the applicant must meet additional requirements and must provide specific documentation on vision stability and night vision.

- ✓ Orthokeratology, corneal transplants, intra-stromal corneal rings – not allowed
- ✓ Ocular disease – free from diseases that impair visual performance, as indicated by the standards above, or will produce sudden, unpredictable incapacitation of the visual system.



York Regional Police

APPLICANT HEARING EXAMINATION REPORT

Applicant Information *(to be completed by the Applicant)*

Surname	Given Name(s)			Date of Birth (dd-mm-yy)
Street Address	City	Province	Postal Code	Exam Date (dd-mm-yy)

Recent Noise Exposure (within last 72 hours) and Hearing Protection

(To be completed by the Applicant)

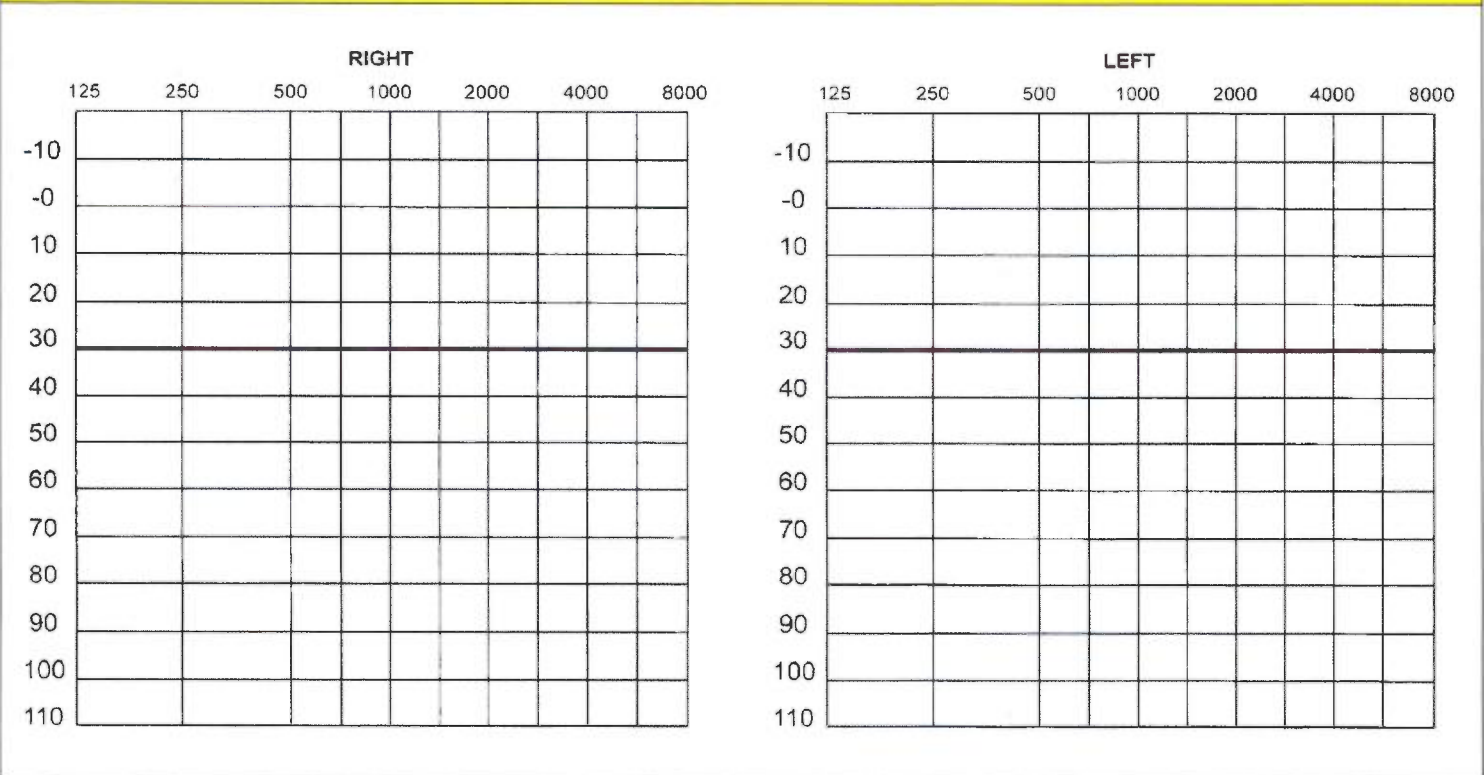
Type of Exposure	Duration	Type of Hearing Protection
		<input type="checkbox"/> Muffs <input type="checkbox"/> Plugs <input type="checkbox"/> None <input type="checkbox"/> Other (specify):
		<input type="checkbox"/> Muffs <input type="checkbox"/> Plugs <input type="checkbox"/> None <input type="checkbox"/> Other (specify):
		<input type="checkbox"/> Muffs <input type="checkbox"/> Plugs <input type="checkbox"/> None <input type="checkbox"/> Other (specify):

Do you wear hearing protection?
 Always Mostly Seldom Never

Audiogram Results

(To be completed by the Practitioner, in accordance with the CSA Standard on Pure Tone Air Conduction Audiometers for Hearing Conservation and for Screening. Hearing Examination must be performed unaided.)

Please refer to the "York Regional Police Hearing Standards" attached to this form



Practitioner Comments:

Recommendation *(to be completed by the Practitioner)*

In your professional opinion regarding the Applicant's overall hearing status, do you believe that the Applicant would be able to conduct essential job tasks without posing a significant safety risk to themselves, co-workers or members of the general public? In your determination, please consider such factors as the potential to sustain physical force trauma to the ear area, or be subjected to loud noises (i.e. screaming, firearm discharges, etc.).

- Applicant Does Not Pose a Risk Applicant May Pose a Risk

Declaration, Acknowledgement and Consent *(to be completed by the Applicant)*

- I declare that the statements made to the Practitioner 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 me, and may result in disqualification of my application.
- I acknowledge that my hearing examination report is valid for two (2) years from the testing date.
- I acknowledge that the cost of this examination, and any reports prepared by the Practitioner are my responsibility.
- I consent that this information be provided to York Regional Police for the purposes of the pre-selection process.
- I consent to have York Regional Police contact the Practitioner as indicated below, should further clarification of this hearing examination be required.

Signature of Applicant

Date (dd-mm-yy)

Practitioner Information *(to be completed by the Practitioner)*

Surname	Given Name(s)	License Number
Business Address	Telephone Number	

Signature of Practitioner

Date (dd-mm-yy)

YORK REGIONAL POLICE PRE-INTERVIEW HEARING STANDARDS FOR POLICE CONSTABLE APPLICANTS PRACTITIONER INFORMATION

An applicant's hearing ability and ear canal must be in overall good health. If an applicant has any medical conditions that may alter, worsen or degrade the applicant's hearing or impede on Police duties, the applicant must be referred to an Audiologist.

INSTRUCTIONS FOR SPECIALIST

Please complete and sign the form attached to this booklet, and advise if the applicant would be able to conduct Police duties without concern. In your professional opinion regarding the Applicant's overall hearing status, please assess the Applicant's ability to conduct essential job tasks without posing a significant safety risk to themselves, co-workers or members of the general public. In your determination, please consider such factors as the potential to sustain physical force trauma to the ear area, or be subjected to loud noises (i.e. screaming, firearm discharges, etc.).

MINIMUM HEARING STANDARDS (for Audiologists Only)

Pure-tone thresholds measured under audiometric headphones shall not exceed 25 dB HL in each ear at the following frequencies: 500, 1000, 2000, 3000 and 4000 Hz.

An applicant whose hearing levels fail to meet these requirements must be evaluated using the headphone version of the HINT, a speech recognition test conducted in both quiet and in noise. An applicant must meet the following criteria:

- 1) Criterion for SRTs measured in quiet: 35 dB(A) or less
- 2) Criterion for SRTs measured in noise: the screening criterion for the English version of the test is a HINT Composite SRT of -4.4 dB SNR—a 2 dB elevation above the norm (headphone norm = -6.4 dB SNR). SRTs in noise are to be measured with the noise level fixed at 75 dB(A). The screening criterion corresponds to a speech level for the HINT Composite threshold of 70.6 dB(A) or less.

Candidates who do not pass the headphone version of the HINT will be referred to an Audiologist to undergo sound field testing with the HINT. Sound field testing is conducted with loudspeakers and allows for unaided (i.e. without hearing aids) or aided (i.e. with hearing aids) assessment.

APPENDIXES 1 – 6

ADDITIONAL INFORMATION FOR PRACTITIONERS

APPENDIX 1	Lateral Phoria
APPENDIX 2	Colour Vision
APPENDIX 3	Corneal Refractive Surgery
APPENDIX 4	Pseudophakic Intra-Ocular Lens Implants
APPENDIX 5	Phakic Intra-Ocular Lens Implants
APPENDIX 6	Police Constable Task List

PRACTITIONER'S APPENDIX 1

LATERAL PHORIA

LATERAL PHORIA "FAR"

Standard: In excess of 5 eso or 5 exo requires additional information from an eye care professional, which documents that the Applicant is unlikely to experience double vision when fatigued or in reduced visual environments.

LATERAL PHORIA "NEAR"

Standard: In excess of 6 eso or 10 exo requires additional information from an eye care professional, which documents that the Applicant is unlikely to experience double vision when fatigued or in reduced visual environments.

RATIONALE

Individuals with Phoria values outside the specified range are at greater risk to perceive double vision, especially when tired or in a reduced visual environment. However, because only about half of those with phorias beyond the recommended values actually experience double vision, the Phoria value by itself does not have a sufficiently high screening validity to reject an Applicant. Applicants who do not meet the requirement should be referred for further evaluation of their binocular vision status.

The report from the eye care professional should formally document whether or not the Applicant is likely to experience double vision when tired or in a reduced visual environment. A negative history of diplopia by itself is not a sufficient evaluation of their likelihood of developing diplopia. The minimum supporting clinical test results shall include:

- Positive and Negative Fusional eye movement reserves
- Refusional eye movements
- Worth 4-Dot test in the dark and/or light (or equivalent)

PLEASE COMPLETE THE ATTACHED "PHORIA ASSESSMENT SUMMARY" FORM



York Regional Police

PHORIA ASSESSMENT SUMMARY

Applicant Information <i>(to be completed by the Applicant)</i>				
Surname	Given Name(s)			Date of Birth (dd-mm-yy)
Street Address	City	Province	Postal Code	Exam Date (dd-mm-yy)

This form is to be completed by a certified Canadian Ophthalmologist only
Please refer to the "Practitioner's Appendix 1" Section of the York Regional Police Vision, Hearing and Medical Requirements Guidebook

DISTANCE PHORIA
Distance Phoria _____
Distance Refusional Eye Movements (check one): <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor
Distance Negative Fusional Reserves _____
Distance Positive Fusional Reserves _____
Distance Worth 4 Dot Test in the Dark or Equivalent Test _____
(check one): <input type="checkbox"/> Fused <input type="checkbox"/> Diplopia <input type="checkbox"/> Suppression

NEAR PHORIA
Near Phoria _____
Near Refusional Eye Movements (check one): <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor
Near Negative Fusional Reserves _____
Near Positive Fusional Reserves _____
Near Worth 4 Dot Test in the Dark or Equivalent Test _____
(check one): <input type="checkbox"/> Fused <input type="checkbox"/> Diplopia <input type="checkbox"/> Suppression

ADDITIONAL TESTS & RESULTS (IF APPLICABLE)
In your opinion, is this individual likely to experience diplopia taking into consideration fatigue effects and that the person will be working in reduced visual environments? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No

Ophthalmologist Information <i>(to be completed by the Practitioner)</i>		
Surname	Given Name(s)	License Number
Business Address		Telephone Number
_____ <i>Signature of Practitioner</i>		_____ <i>Date (dd-mm-yy)</i>

PRACTITIONER'S APPENDIX 2

COLOUR VISION

Using the standardized Ishihara pseudo-isochromatic plates, colour vision will be considered normal if at least 17 of 21 patterns are correctly identified by the Applicant. Testing is to be conducted without the use of any colour correcting aids, such as coloured contact lenses.

In order to qualify as a police constable, individuals who fail the Ishihara pseudo-isochromatic plates test must pass Farnsworth Munsell D-15 (D-15) without any colour corrective lenses (i.e. X-Chrome Chromagen).

Because different pass/failure criteria can be used for the D-15 test, York Regional Police has adopted the following criterion based on Farnsworth's original protocol.

The D-15 test should be administered at least 2 times, possibly 3 times. The Applicant must pass the test on 2 of the 3 attempts. The test should be performed binocularly.

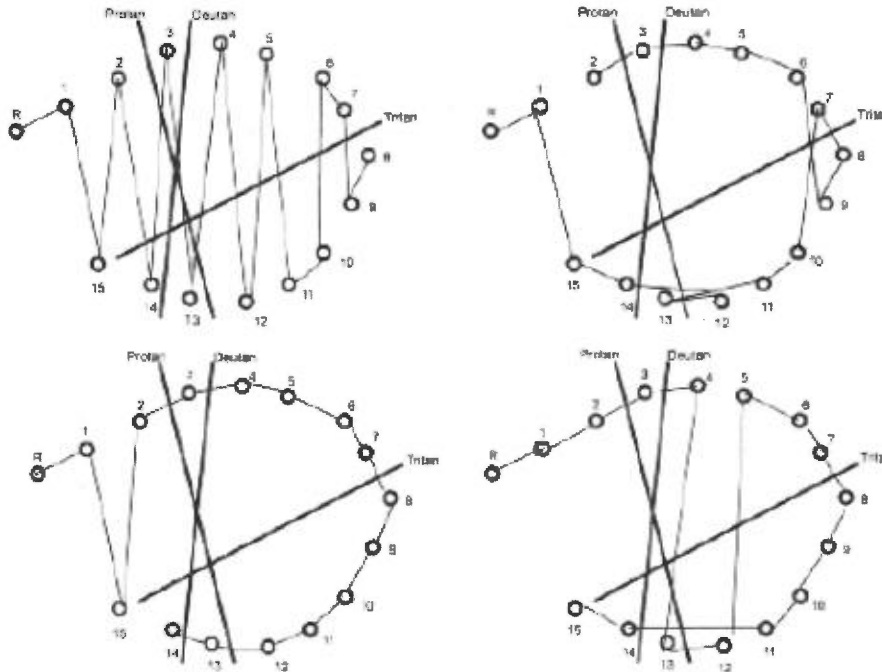
A failure occurs when there are 2 or more major crossings on the score sheet. A major crossing is defined as a difference between any 2 adjacent caps that is greater than +2. Although orientation of the crossings is useful in determining the nature of the defect, the orientation of the crossing is not considered in terms of whether the person passes or fails the test. Transpositions of caps (2 caps reversed – for example, 1, 2, 4, 3, 5) are not considered in determining if a person passes or fails. However, more than 3 transpositions on a single trial or consistently nebulous results over the 3 trials suggest that an additional test is necessary, or the Applicant's colour vision should be evaluated with the Farnsworth Munsell 100 Hue.

**PLEASE COMPLETE THE ATTACHED
"FARNSWORTH MUNSELL D-15 COLOUR VISION TEST" FORM**

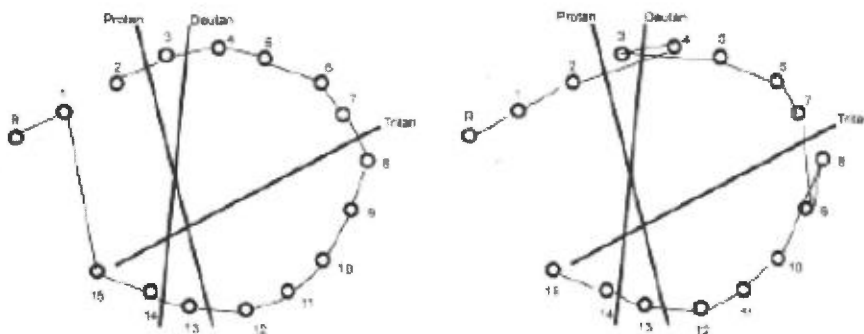
Examples of pass/fail outcomes:

Possible D-15 results

Examples of Failing Arrangements



Examples of Passing Arrangements





York Regional Police

FARNSWORTH MUNSELL D-15 COLOUR VISION TEST RESULTS

Applicant Information *(to be completed by the Applicant)*

Surname	Given Name(s)			Date of Birth (dd-mm-yy)
Street Address	City	Province	Postal Code	Exam Date (dd-mm-yy)

Please refer to the "Practitioner's Appendix 2" Section of the York Regional Police Vision, Hearing and Medical Requirements Guidebook

Trial 1 (OU)
Ref _____
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Trial 2 (OU)
Ref _____
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Trial 3 (OU)
Ref _____
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Trial 1

Meets Standard
 Does Not Meet Standard

Trial 2

Meets Standard
 Does Not Meet Standard

Trial 3

Meets Standard
 Does Not Meet Standard

I certify that the above named individual meets the colour vision requirements as outlined in the "York Regional Police Vision, Hearing and Medical Requirements Guidebook, Practitioner's Appendix 2 – Colour Vision".

Applicant Meets Standard Applicant Does Not Meet Standard

Ophthalmologist or Optometrist Information *(to be completed by the Practitioner)*

Surname	Given Name(s)	Specialty <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Optometrist	License Number
Business Address			Telephone Number

Signature of Practitioner

Date (dd-mm-yy)

PRACTITIONER'S APPENDIX 3

CORNEAL REFRACTIVE SURGERY

In order to meet the uncorrected visual acuity standard, an Applicant who has had radial keratotomy (RK), photorefractive keratectomy (PRK), laser in situ keratomileusis (LASIK), sub-Bowman keratomileusis (SBK), laser subepithelial keratomileusis (LASEK), or laser thermokeratoplasty (LTK) refractive surgery within the last 6 months must provide documentation that the visual acuity and refraction have been stable after the last surgical procedure. The necessary documentation should be provided by their eye care professional and must give full particulars regarding:

- The uncorrected monocular acuities;
- The corrected monocular visual acuities;
- The subjective refraction results.

Documentation must be provided for 2 examinations that are at least 21 days apart. The documentation should also state that all drugs related to the surgery have been discontinued for at least 21 days.

If the refractive surgery was radial keratotomy, then the 2 measurements should be made at different times of day, at least 8 hours apart, to verify that the diurnal variations are not significant. One assessment should be in the early morning, and the other in the late afternoon.

The acuities must meet the standards at each visit, and should be within ± 3 letters of each other. For example, if the visual acuity was 6/9 at the one visit, and the Applicant read the 6/9 line of letters correctly plus 3 letters on the next smallest line at the next examination, then the acuity would be recorded at 6/9 +3. In this example, the acuity would be considered to be stable.

The refraction result for each eye should be within ± 0.50 dioptre for the spherical component and ± 0.50 dioptre for the cylindrical component. The visual acuity and refraction tolerances reflect day-to-day variability.

In order to ensure that all refractive surgery Applicants have adequate night vision, the following standard has been established. Night vision shall be evaluated after it has been established that the refractive error is stable.

Night Vision Standard

Obtain minimum scores on at least 2 of the 3 following tests (all testing is done binocularly with, or without, any spectacle or contact lens correction):

- Bailey-Lovie Low Contrast Acuity in Room Illumination: minimum acuity of 0.20 logMAR
- Bailey-Lovie High Contract Acuity in Dim Illumination: minimum acuity of 0.30 logMAR
- Bailey-Lovie Low Contrast Acuity in Dim Illumination: minimum acuity of 0.58 logMAR

It has been shown that individuals who fail to meet the minimum criterion for the visual resolution tests also have increased sensitivity to glare.

The testing conditions are:

1. Illumination on the Bailey-Lovie Charts ranges from 275 to 300 lux
2. Dim illumination is created by having the Applicant view the charts through welding goggles with a Shade 6 filter in place.

The implementation of the standard is a tiered design. The first level is a screening protocol that identifies individuals who are at risk of having night vision difficulties. The second level is assessment with the full set of tests outlined above for those individuals who fail the screening portion.

The screening protocol is based on the type of refractive surgery and low contrast room illumination acuity. Applicants who have had LASIK, PRK or SBK surgery meet the other refractive surgery conditions, and have a minimum binocular Bailey-Lovie Low Contrast Acuity of at least 0.10 logMAR, are deemed to meet the standard and are not subject to further testing. LASIK, PRK and SBK surgery Applicants who failed to obtain an acuity of at least 0.10 logMAR will be evaluated using the full set of tests.

All individuals who have had RK, LASEK, LTK or PIOLs (see Appendix 5) will be evaluated using the full set of tests.

**PLEASE COMPLETE THE ATTACHED "CORNEAL REFRACTIVE SURGERY SUMMARY"
AND "NIGHT VISION TESTING SUMMARY" FORMS**



York Regional Police

CORNEAL REFRACTIVE SURGERY SUMMARY

Applicant Information *(to be completed by the Applicant)*

Surname	Given Name(s)			Date of Birth (dd-mm-yy)
Street Address	City	Province	Postal Code	Exam Date (dd-mm-yy)

This form is to be completed by a certified Canadian Ophthalmologist only

Please refer to the "Practitioner's Appendix 3" Section of the York Regional Police Vision, Hearing and Medical Requirements Guidebook

Refractive Surgery Procedure Performed: _____

Date of Surgery: _____

	Summary from Previous Assessment ¹	Summary from Most Recent Assessment ²
Date of Assessment:		
Time of Day:		
Uncorrected Visual Acuities:	Right Eye	
	Left Eye	
Best Corrected Visual Acuities:	Right Eye	
	Left Eye	
Subjected Refraction (Sphere Cylinder):	Right Eye	
	Left Eye	
Current Medication Related to the Surgery:		

¹ These examinations must be performed at least 21 days apart.

² If the Applicant has undergone radial keratotomy, then the two assessments must be performed at different times of the day, at least 8 hours apart.

Corrected and Uncorrected Acuity Requirements:

Applicant Meets Standard Applicant Does Not Meet Standard

Stability of Refraction and Acuity Requirements:

Applicant Meets Standard Applicant Does Not Meet Standard

Ophthalmologist Information *(to be completed by the Practitioner)*

Surname	Given Name(s)	License Number
Business Address		Telephone Number

Signature of Practitioner

Date (dd-mm-yy)



York Regional Police

NIGHT VISION TESTING SUMMARY

For either Corneal Refractive Surgical Procedures or Phakic Intra-Oculare Lens Implants

Applicant Information <i>(to be completed by the Applicant)</i>				
Surname	Given Name(s)		Date of Birth (dd-mm-yy)	
Street Address	City	Province	Postal Code	Exam Date (dd-mm-yy)

This form is to be completed by a certified Canadian Ophthalmologist only

Please refer to the "Practitioner's Appendix 3" Section of the York Regional Police Vision, Hearing and Medical Requirements Guidebook

Test	Visual Acuity	Meets Standard / Does Not Meet Standard
Room Illumination Bailey-Lovie Low Contrast Acuity Minimum requirement is at least 0.20 logMAR		<input type="checkbox"/> Meets Standard
		<input type="checkbox"/> Does Not Meet Standard
High Contrast Bailey-Lovie Low Acuity with Filters (after 5 min of adaptation) Minimum requirement is at least 0.30 logMAR		<input type="checkbox"/> Meets Standard
		<input type="checkbox"/> Does Not Meet Standard
Low Contrast Bailey-Lovie Acuity with Filters (after 5 min of adaptation) Minimum requirement is at least 0.58 logMAR		<input type="checkbox"/> Meets Standard
		<input type="checkbox"/> Does Not Meet Standard

- All testing should be done binocularly.
- The dark adaptation period is with the filters on. The Applicant is required to dark adapt only once for the low luminance testing sequence.

In order to meet the night vision standard, the Applicant must pass two of the three tests.

Overall Result:

Applicant Meets Standard Applicant Does Not Meet Standard

Ophthalmologist Information <i>(to be completed by the Practitioner)</i>		
Surname	Given Name(s)	License Number
Business Address		Telephone Number
<hr/> <p style="text-align: center;"><i>Signature of Practitioner</i></p>		<hr/> <p style="text-align: center;"><i>Date (dd-mm-yy)</i></p>

PRACTITIONER'S APPENDIX 4

PSEUDOPHAKIC INTRA-OCULAR LENS IMPLANTS

Single focus (i.e. monofocal) intra-ocular lens implants as part of cataract surgery or clear lens extractions, should be reviewed on an individual basis. Multifocal implants however, are not allowed because of reduced contrast sensitivity and halos at night.

The agency should request a report after the surgeon has deemed that the refractive error is stable and that the wound has healed sufficiently. The report should include the following:

- Date of surgery
- Uncorrected distance acuity of each eye
- Best corrected visual acuity of each eye
- Either stereoacuity (this test may require a reading lens in front of the eye with the intra-ocular lens or an indication that the Applicant is nonstrabismus)
- A statement indicating that the wound has healed sufficiently so the Applicant can carry out strenuous physical activities
- Whether the Applicant required prophylactic laser surgery to reduce the likelihood of a retinal detachment, in the cases where clear lens extraction was performed to correct high amounts of myopia

If the Applicant meets the current vision standards, then the application process can proceed.

PLEASE COMPLETE THE ATTACHED "PSEUDOPHAKIC INTRA-OCULAR LENS SURGERY SUMMARY" FORM



York Regional Police

PSEUDOPHAKIC INTRA-OCULAR LENS SURGERY SUMMARY

Applicant Information *(to be completed by the Applicant)*

Surname	Given Name(s)		Date of Birth (dd-mm-yy)	
Street Address	City	Province	Postal Code	Exam Date (dd-mm-yy)

This form is to be completed by a certified Canadian Ophthalmologist only

Please refer to the "Practitioner's Appendix 4" Section of the York Regional Police Vision, Hearing and Medical Requirements Guidebook

Type of Intra-Ocular Lens: _____

Date of Surgery: _____

		Summary from Most Recent Assessment
Date of Assessment:		
Uncorrected Visual Acuities:	Right Eye	
	Left Eye	
Best Corrected Visual Acuities:	Right Eye	
	Left Eye	
Subjected Refraction (Sphere Cylinder):	Right Eye	
	Left Eye	

Is the Applicant strabismus or likely to experience double vision?

Yes No _____

If the surgery was a clear lens extraction, was prophylactic laser surgery performed?

Yes No N/A

In your professional opinion, has the Applicant recovered sufficiently from the surgery in order to participate in strenuous activities? For example, dragging a 45kg weight for 10 metres, lifting 30kg, running at high speed for 100 metres, climbing over fences or other obstacles, or jumping over low obstacles).

Yes No

Ophthalmologist Information *(to be completed by the Practitioner)*

Surname	Given Name(s)	License Number
Business Address		Telephone Number

Signature of Practitioner

Date (dd-mm-yy)

PRACTITIONER'S APPENDIX 5

PHAKIC INTRA-OCULAR LENS IMPLANTS

Both the STAAR Visian (also known as the STAAR ICL), the Alcon Cachet and the Artisan, also known as the Verisyse) phakic Intra-ocular Lens Implants (PIOLs) are allowed, in order to meet the uncorrected visual acuity requirements. However, cataract formation, potential night vision problems and dislocation due to trauma remain concerns.

Cataracts can occur anytime post-operatively. Cataracts due to surgical trauma usually occur within the first year, while later developing cataracts are usually due to disruption of the human crystalline lens metabolism, or the implant touching the crystalline lens. Night vision problems arise from a number of factors, including a small optical zone in the PIOL relative to the pupil size and lens opacities. For policing, there is an additional issue of how well the PIOL will withstand trauma to the head and eyes.

The STAAR Visian/ICL, the Alcon Cachet and the Artisan/Verisyse PIOLs are acceptable devices for correcting refractive error, providing that the Applicant meets all the other vision requirements, and the following additional requirements:

1. A minimum waiting period to ensure the incisions have healed, the refractive error is stable
2. Cataracts or other lens opacities are unlikely to develop within a 12-month period
3. Night vision is not impaired

There have been some reports that the Artisan/Verisyse lens did become dislodged due to moderate trauma. Protective eyewear should be encouraged for Applicants who have had PIOL, but especially those who have had the Artisan/Verisyse PIOL implanted.

Minimum Post-Surgical Waiting Period

Artisan/Verisyse, Alcon Cachet PIOL:

- Minimum of 6 months, provided the Applicant can document that the refractive error and visual acuity have been stable for at least 3 months prior to the most recent assessment AND there are no lens opacities, lens vacuoles or cataracts present in either eye.
- If any lens opacities/vacuoles/cataracts develop within the first 6 months post-operatively, or the refractive error has not stabilized, then the minimum waiting period will be extended. For the appearance of lens opacities/vacuoles/cataracts, the minimum extension would be 6 months after the first appearance. This is to ensure that these conditions do not progress.
- For only an unstable refractive error (no lens opacities), the waiting period would be extended until the refraction has been stable for at least 3 months.
- Acuties that are within ± 3 letters of each other at the 2 visits are deemed to be stable.

- The refractive results for each eye must be within ± 0.50 dioptre for the spherical component, and ± 0.50 dioptre for the cylindrical component at the 2 visit in order to be deemed as stable.

STAAR Visian/ICL:

- A minimum period of 12 months post-operatively, provided there are no lens opacities, lens vacuoles or cataracts present.
- If lens opacities/vacuoles/ataracts do develop, then the waiting period will be extended to a minimum of 12 months after their first appearance to ensure that these conditions do not progress.

Night Vision

The night vision standard for either PIOL is the same as the standard for Applicants who have undergone corneal refractive surgery. (See App 3).

Applicants who have PIOLs must obtain minimum scores on at least 2 of the 3 following tests (all testing is done binocularly with or without any spectacle or contact lens correction):

- Bailey-Lovie Low Contrast Acuity in Room Illumination: minimum acuity of 0.20 logMAR
- Bailey-Lovie High Contract Acuity in Dim Illumination: minimum acuity of 0.30 logMAR
- Bailey-Lovie Low Contrast Acuity in Dim Illumination: minimum acuity of 0.58 logMAR

PLEASE COMPLETE THE ATTACHED "ARTISAN/VERISYSE & ALCON CACHET PHAKIC INTRA-OCULAR LENS IMPLANT SUMMARY" OR "STAAR VISIAN/ICL PHAKIC INTRA-OCULAR LENS IMPLANT SUMMARY FORM"



York Regional Police

ARTISAN/VERISYSE & ALCON CACHET

INTRA-OCULAR LENS IMPLANT SURGERY SUMMARY

Applicant Information *(to be completed by the Applicant)*

Surname	Given Name(s)			Date of Birth (dd-mm-yy)
Street Address	City	Province	Postal Code	Exam Date (dd-mm-yy)

This form is to be completed by a certified Canadian Ophthalmologist only

Please refer to the "Practitioner's Appendix 5" Section of the York Regional Police Vision, Hearing and Medical Requirements Guidebook

Date of Surgery: _____

		3 Month Post-Operative Assessment	6 Month Post-Operative Assessment
Date of Assessment:			
¹ Uncorrected Visual Acuities:	Right Eye		
	Left Eye		
Best Corrected Visual Acuities:	Right Eye		
	Left Eye		
^{1 2} Subjected Refraction: (Sphere and Cylinder)	Right Eye		
	Left Eye		
Appearance of crystalline lens:	Right Eye		
	Left Eye		

1 Visual acuities and refractive errors between 3 and 6 months post-operative must be stable. Acuities are considered as being stable if the values are within ± 3 letters of each other at each visit. The refractive results are stable if the spherical component for each eye is within ± 0.50 dioptre and the cylindrical component is also within ± 0.50 dioptre for each eye for the two assessments.

Date that any lens opacities/vacuoles/cataracts were first noted: _____

2 If there are any lens opacities present within the first 6 months post-operative, or the refractive error has not been stable for at least 3 months, then the waiting period will be extended.

Ophthalmologist Information *(to be completed by the Practitioner)*

Surname	Given Name(s)	License Number
Business Address		Telephone Number

_____ <i>Signature of Practitioner</i>	_____ <i>Date (dd-mm-yy)</i>
-------------------------------------------	---------------------------------



York Regional Police

STAAR VISIAN/ICL PHAKIC INTRA-OCULAR LENS IMPLANT SUMMARY

Applicant Information <i>(to be completed by the Applicant)</i>				
Surname	Given Name(s)		Date of Birth (dd-mm-yy)	
Street Address	City	Province	Postal Code	Exam Date (dd-mm-yy)

This form is to be completed by a certified Canadian Ophthalmologist only
Please refer to the "Practitioner's Appendix 5" Section of the York Regional Police Vision, Hearing and Medical Requirements Guidebook
Date of Surgery: _____

		6 Month Post-Operative Assessment	
Date of Assessment:			
Uncorrected Visual Acuities:	Right Eye		
	Left Eye		
Best Corrected Visual Acuities:	Right Eye		
	Left Eye		
Subjected Refraction: (Sphere Cylinder)	Right Eye		
	Left Eye		
¹ Appearance of crystalline lens:	Right Eye		
	Left Eye		
<i>1 If there are any lens opacities present within the first 12 months post-operative, then the waiting period will be extended.</i>			

Ophthalmologist Information <i>(to be completed by the Practitioner)</i>			
Surname	Given Name(s)		License Number
Business Address			Telephone Number
_____ <i>Signature of Practitioner</i>		_____ <i>Date (dd-mm-yy)</i>	

PRACTITIONER'S APPENDIX 6

POLICE CONSTABLE TASK LIST

1. Preparing for Duty

- a. Inspect equipment, including:
 - i. Pistol and other weapons
 - ii. Emergency equipment
 - iii. Vehicle
 - iv. Communication equipment

2. Standard Patrol Checks (Prevention)

- a. Carry an equipment belt (firearm, radio, baton, aerosol weapon) for the duration of the shift
- b. After business hours, check locked doors and windows
- c. Patrol includes:
 - i. Driving car
 - ii. Driving other vehicle
 - iii. Motorcycle
 - iv. Bicycle
 - v. Horse
 - vi. ATV
 - vii. Snowmobile
- d. Conduct foot patrol:
 - i. Walking continuously in the course of the day
- e. Use standard emergency equipment or techniques, including:
 - i. Flares
 - ii. Traffic cones
 - iii. First aid
 - iv. CPR
- f. Perform security checks of business and home (on request)
- g. Assist motorists with automobile problems, including:
 - i. Lost keys
 - ii. Keys locked in vehicle
 - iii. Stalled auto
 - iv. Flat tire

3. Response to Patrol Situations

- a. Draw, load and discharge firearm:
 - i. Pull slide on a semi-automatic firearm
 - ii. Grip in each of left and right hand to aim and discharge
- b. Drive in pursuit of another vehicle
- c. Administer first aid or CPR
- d. Pursue, on foot, fleeing suspects by:
 - i. Climbing stairs in an emergency (2 to 10 flights)
 - ii. Climbing over a barrier (i.e. a 4 foot high fence)
 - iii. Running at high speed for 100 metres
 - iv. Running at reduced speed for 15 to 30 minutes
 - v. Avoiding obstacles while running
 - vi. Jumping over low obstacles
 - vii. Jumping across an obstacle (ditch, hole, creek) while running
 - viii. Balancing (beams, fences, roofs, etc.) while running, crawling, jumping (3 metres)
- e. Physically force open a closed or locked door with:
 - i. Own body
 - ii. Pry bar
- f. Use force if necessary to:
 - i. Subdue an attacking or resisting person
 - ii. Separate disorderly persons from other persons at the scene of a disturbance
 - iii. Restrain dangerous person for transport
- g. Use baton for protection of:
 - i. Self
 - ii. Another person
- h. Handcuff suspect when necessary
- i. Carry a person unable or refusing to walk to transport him/her to a police car
- j. Search for missing or lost persons
- k. Humanely destroy by shooting injured or dangerous animals, including wildlife, domestic animals and livestock
- l. Perform one or more of the above tasks in a sequence

4. Arrest and Detention Procedures

- a. Alone or with a partner, arrest and prevent the escape of a person who has committed, attempted to commit or is about to commit a crime, with any of the following procedures, singularly or in an appropriate sequence, as necessary:
 - i. Pull the person from a vehicle, or away from a stationary object (such as a car door) he or she is holding
 - ii. Physically restrain, or protect oneself, by:
 1. Using grip strength, locks, grips, neck/shoulder holds, arm bars
 2. Striking to subdue
 3. Blocking kicks and blows
 4. Avoiding thrown objects
 5. Wrestling for an extended period
- b. Pry open hands
- c. Lift or force into a police car or van

5. Search and Seizure (Evidence and Property Procedures)

- a. Search and separate suspect from others not searched
- b. Lift (30kg) and move a short distance (carry 25 metres) objects involved with or which interfere with search and seizure
- c. Locate, including stooping to search under low objects, handle and preserve physical evidence in accordance with search and seizure laws
- d. Secure personal effects of a deceased person
- e. Perform one or more of the above tasks in a sequence

6. Search and Rescue

- a. Run at a high speed to rescue scene (100 metres)
- b. Run at reduced speed for 5 to 10 minutes
- c. Crawl under and over a variety of obstacles (2 to 5 metres)
- d. Crawl 65 metres
- e. Lift a victim (over 35kg) to safety
- f. Drag a person (over 45kg) who is unable to walk (unconscious, drunk, overcome by smoke, injured) to safety (10 metres)
- g. Conduct first aid, including CPR, when required
- h. Swim and drag a person from water
- i. Dig in search of persons engulfed by snow, mud or sand
- j. Perform one or more of the above tasks in a sequence

7. Crowd Control

- a. Set up barriers to contain crowds
- b. Maintain crowd control

8. Traffic Activities

- a. Arrest an impaired driver
- b. Protect and preserve traffic accident scene and property
- c. Direct/control traffic to facilitate vehicle and pedestrian traffic flow and prevent accidents
- d. Move by pushing traffic hazards, such as vehicles or other objects, from roadway
- e. Set up road blocks to check motor vehicles and occupants, or protect and preserve an accident scene by:
 - i. Lifting and placing traffic cones
 - ii. Directing/redirecting traffic
- f. Operate radar equipment for speed enforcement
- g. Escort funerals, parades, oversized truck-trailer loads, dignitaries and emergency vehicles
- h. Perform one or more of the above tasks in a sequence

9. Investigating: Preliminary and Follow Up

- a. Follow crime scene investigation procedures
- b. Locate and or isolate suspect in crime
- c. Follow missing person investigation procedures and processes
- d. Search vehicles, dwellings, business establishments, etc. for evidence in follow up investigations
- e. Search deceased or deceased's property for identification and to secure valuables
- f. Photograph arrested person
- g. Fingerprint prisoners and other persons
- h. Organize and conduct line-ups
- i. Investigate noise complaints

10. Non-Patrol Activities:

- a. Administrative
- b. Supportive
- c. Other Police Duties