HAMPSHIRE & ISLE OF WIGHT
CONSTABULARY

OPTICIAN REPORT

All applicants are required to have their eyesight tested. You will need to take this form to an optometrist (optician). You may be required provide your eyesight prescription as part of your medical. You will be notified by the force if this is needed.

YOUR DETAILS	
Name:	Date of Birth:
Address (including postcode):	

VISUAL ACUITY (Snellens Test)			
	Right Eye	Left Eye	Binocular
Unaided Vision	6/	6/	6/
Aided Vision	6/	6/	6/
Near Vision tested at 40cms			N/
Is the field of vision full by confrontation test?			Yes/No

COLOUR VISION	
Normal: Yes/No	Monochromat: Yes/No
Specify test used:	

EYE SURGERY		
Has the patient undergone refractive surgery?		Yes/No
If yes, state the type of surgery e.g., LASIK, PRK, LASEK		
Date of surgery:	Right Eye	Left Eye
Details of any side effects post-surgery:		

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OPTOMETRIST'S DETAILS	
Optometrist's name:	Optician's stamp
Address: Post code:	

SIGNATURES	
Optometrist's signature:	Date:
Applicant's signature: (in the presence of the optician)	Date: