

# POST ACADEMY - Vision Exam Report Correctional Officer

**Applicant's Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
Last First MI.

**To the Applicant:** It is preferable to have this exam conducted by an optician or a physician with the necessary equipment to conduct the examination listed below.

**To the examining Physician/Optician:** The above named applicant has chosen a career as a Correctional Officer. A thorough eye/vision examination is required prior to acceptance into the Idaho Police Academy.

### PLEASE ANSWER ALL QUESTIONS -- INCOMPLETE FORMS WILL BE RETURNED

Based upon the IDAHO Correctional Officer Job Task Analysis Study, an officer must meet the following minimums.

#### VISION STANDARDS FOR CORRECTIONAL OFFICERS

Applicant must possess at least the following:

1. The applicant must demonstrate to a vision specialist the ability to distinguish primary colors.
2. Uncorrected vision in each eye must be no worse than 20/200, with the weaker eye corrected to 20/60 and the stronger eye corrected to 20/30.
3. Contact lenses are exempt from the uncorrected vision of 20/200, BUT must have the strong eye corrected to 20/30 and the weaker eye corrected to 20/60.
4. A full eye examination must be administered by an optometrist or ophthalmologist to any applicant whose uncorrected vision in either eye is 20/150 or worse.

Visual Acuity (if applicant wears glasses, test and record acuity both **with** and **without glasses**)

- a. Without glasses R20/\_\_\_\_\_ L20/\_\_\_\_\_
- b. With glasses/contacts R20/\_\_\_\_\_ L20/\_\_\_\_\_

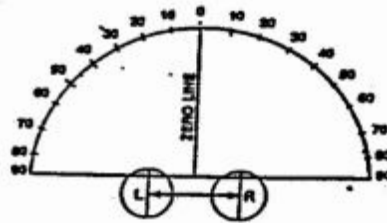
Each eye on Zero Line

c. Corrective Lenses Worn:

- NONE       GLASSES       CONTACT LENSES       BOTH

(Record degrees of temporal fields obtained by instrumentation or confrontation in spaces above and on diagram.)

**NOTE ANY ABNORMALITY**



#### PHYSICIAN/OPTICIAN'S STATEMENT:

Please initial the appropriate area

\_\_\_\_\_ I, (or my designee) have examined the above named applicant to the Idaho Post Academy. It is my opinion that the applicant MEETS the minimum vision standards for Correctional Officers.

\_\_\_\_\_ It is my opinion that the applicant DOES NOT MEET minimum vision standards for the following reasons:

Signature of Examiner \_\_\_\_\_ Date of Exam \_\_\_\_\_

**Important!**

**Type or Stamp Physician/Optician's name, address, telephone number in the space below:**