

**CITY OF FORT DODGE
POLICE APPLICANT VISION STATEMENT**

If you wear glasses or contact lenses at any time, or have any doubt of the suitability of your vision, please request your ophthalmologist/optometrist to complete both sections of this form and submit it as a part of your application documentation.

VISION STATEMENT FOR _____
First Name Middle Initial Last Name

DATE OF LAST EXAMINATION _____

FAR VISION ACUITY
UNCORRECTED

Right eye – 20/

Left eye – 20/

NEAR VISION ACUITY
UNCORRECTED

Right eye – 20/

Left eye – 20/

FAR VISION ACUITY
CORRECTED

Right eye – 20/

Left eye – 20/

NEAR VISION ACUITY
CORRECTED

Right eye – 20/

Left eye – 20/

*Color vision consistent with the occupational demands of law enforcement: YES NO

If no, please explain: _____

Physician's Signature _____ Date _____

Business Address

City

State

Please circle your profession:

Ophthalmologist

Optometrist

*Applicants must have color vision consistent with the occupational demands of law enforcement. Passing any of the following color vision tests indicates that the applicant has color vision abilities consistent with the occupational demands of law enforcement: Pseudoisochromatic plates tests such as but not limited to: Tokyo Medical College, Ishihara, Standard Pseudoisochromatic Plates, Dvorine, American Optical HRR Plates, American Optical. Panel tests such as: Farnsworth Dichotomous D-15 Test or any other test designed and documented to identify extreme anomalous trichromatic, dichromatic or monochromatic color vision. Individuals with extreme anomalous trichromatism or monochromasy color vision, as determined through testing, are not eligible to be hired as law enforcement officers in the state of Iowa.