

EYESIGHT TEST DECLARATION

Print this form and take it with you to your optician Once completed, submit it to Organisational Development

Print Full Name:									
Date of Birth:									
I confirm that I HAVE / HAVE NOT had refractive surgery.									
If you have had surgery, what type of surgery have you had?									
☐ Radial Keratotomy *Please note that the IOM Co will reject applicants who hav radial keratotomy.	onstabu	☐ Photorefractive Keratectomy Page	□ LASIK / LASEK						
Exact date of surgery	′								
Applicants who have had photorefractive keratectomy, LASIK or LESEK surgery may be considered provided six weeks have elapsed since the surgery, there are no residual side effects (supported by official medical certification) and the other eyesight standards are met.									
Signature:			Date:						

SHOULD YOUR APPLICATION FOR POLICE RECRUITMENT BE UNSUCCESSFUL THEN THIS FORM WILL BE DESTROYED BY THE ISLE OF MAN CONSTABULARY

PLEASE ASK YOUR OPTICIAN TO COMPLETE ALL SECTIONS ON THE REVERSE OF THIS FORM

THEN SEND IT TO
ORGANISATIONAL DEVELOPMENT, Police Headquarters, Dukes Avenue,
Douglas, Isle of Man, IM2 4RG

THIS SIDE IS FOR OPTICIANS USE ONLY

Snellen Test

	Unaided (visi		sion) Binoc.		Aide	ed (visu	Binoc.			
R	6/	1	N		6/	,	N			
				6/				6/		
				N				N		
L	6/	I	N		6/	,	N			
Eyesight Standards for the Police Force										
Corrected distance visual acuity must be 6/12 in either eye, and 6/6 or better binocularly.										
Corrected near static visual acuity must be 6/9 or better binocularly.										
Colour Vision Standards for the Police Force										
Ishiha	ra	PASS	□ FAIL	□ NOT DOI	NE					
City University Test PASS FAIL NOT DONE										
Note: 7 out of 10 correct replies required in colour vision tests.										
normals coping	s. Severe strategie mologist	e anomalo es. [Applica	us trichrom ants who sh	nats and dichronow a lowered	omats are a discriminati	also acce _l on for blu	otable and shou le colours shoul	nould be treated as uld be instructed in ld be referred to an eir dark adaptation		
			e tested u he colour vi		sworth D-1	5 test. A	pplicants shoul	d not wear 'colour		
I certif	y that		subj	ects name			NOT within the ds shown	he Police eyesight		
Ontomotrist signaturo										
Optometrist signature:										

Eyesight Test Declaration: Version 26/02/2024 – 29/03/2024

Date:

Official Stamp