MPO-211 (3/2018)

MUNICIPAL POLICE OFFICERS' EDUCATION AND TRAINING COMMISSION
8002 Bretz Drive
Harrisburg, Pennsylvania 17112-9748
http://www.psp.pa.gov/MPOETC

VISION EXAMINATION

This form is to be used by both municipal police officer applicants and police academy cadet applicants.

THIS EXAMINATION MUST BE ADMINISTERED by a licensed optometrist or ophthalmologist who is licensed in Pennsylvania. This examination is to determine the physical fitness, specifically related to specific vision standards, of the applicant to be certified as a police officer in Pennsylvania. The applicant who you are about to examine is applying for certification and will be vested with a position of public trust.

LAST NAME	FIRST NAME		MIDDLE INITIAL
STREET ADDRESS	CITY/BORO	STATE	ZIP CODE
SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER	DATE OF EXAM

VISION: The applicant must have vision of at least 20/70, uncorrected, in the stronger eye, correctable to 20/20; and at least 20/200, uncorrected, in the weaker eye, correctable to at least 20/40; have normal depth perception and color vision, and must be free of any significant visual abnormality.

RIGHT EYE UNCORRECTED 20/_____ CORRECTED 20/_____ LEFT EYE UNCORRECTED 20/_____ CORRECTED 20/_____

Does the applicant have normal depth perception? (Stereopsis >48% or Arc Seconds <100) ☐ YES ☐ NO

Does the applicant have normal color perception? (Farnsworth or Ishihara) ☐ YES ☐ NO

Is the applicant free from any other significant visual abnormalities? ☐ YES ☐ NO

*THE APPLICANT SHOULD BE MARKED "CAPABLE" IN THE BLOCK BELOW **ONLY** IF VISION MEETS ALL STATED REQUIREMENTS*

PROFESSIONAL OPINION

☐ **PHYSICALLY CAPABLE (VISION)** - I have examined the applicant, and it is my professional opinion that the person named above meets the vision standards which are described above and required to perform the duties a certified police officer in Pennsylvania.

☐ **PHYSICALLY UNFIT (VISION)** - I have examined the applicant, and it is my professional opinion that the person named above **does not** meet the vision standards which are described above and required to perform the duties a certified police officer in Pennsylvania.

I hereby certify that the information and statements contained in the tables above and in the attached examination report are true and correct, and that I am signing this document with the full understanding that any false information or statement will subject me to criminal penalties of Title 18, Crimes code, Section 4904, relating to unsworn falsification to authorities.

This examination form must be forwarded to the employing police department, certified Act 120 police academy, or MPOETC by the optometrist or ophthalmologist within 15 days of the date of examination, **even if the applicant is found physically unfit,** pursuant to 37 Pa. Code § 21.11(4)(iv).

SIGNATURE – PENNSYLVANIA LICENSED OPTOMETRIST/OPHTHALMOLOGIST _____ DATE _____

OPTOMETRIST/OPHTHALMOLOGIST NAME (PRINTED)	LICENSE NO.	TELEPHONE NO.	
STREET ADDRESS	CITY/BORO	STATE	ZIP CODE

RELEASE OF PHYSICAL INFORMATION

Having applied for certification/training as a police officer in Pennsylvania and having subjected myself to a vision examination by a licensed optometrist or ophthalmologist, as required by the Act, I reserve the right to have the data and conclusions of the physician remain confidential except to those whom I designate. Accordingly, I hereby authorize the optometrist or ophthalmologist named above to release all information related to my vision examination to the Municipal Police Officer's Education and Training Commission (MPOETC) **AND** to any additional police departments and/or academies listed below, for purposes consistent with the application process pursuant to this Act. No other release of this information, explicit or implied, is granted at this time.

Temple University Police Academy 122 West Hall
NAME OF MUNICIPAL POLICE DEPARTMENT AND/OR CERTIFIED ACT 120 ACADEMY (Print)

580 Meetinghouse Rd Ambler, PA 19002 Cwillard2@temple.edu
ADDRESS CITY STATE ZIP CODE FAX 267-468-8660 EMAIL

SIGNATURE – APPLICANT _____ DATE _____