SP 8-200V (08-2019)

PENNSYLVANIA STATE POLICE
LETHAL WEAPONS TRAINING ACT
8002 Bretz Drive
Harrisburg, Pennsylvania 17112-9748
Fax 717-346-7781
www.lethalweapons.state.pa.us

VISION EXAMINATION

LETHAL WEAPONS ACT 235 APPLICANT INFORMATION

LAST NAME	FIRST	MIDDLE INITIAL

STREET ADDRESS	CITY/BORO	STATE	ZIP CODE

SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER	DATE OF EXAM

NOTICE TO EXAMINING PHYSICIAN / OPTOMETRIST OR OPHTHALMOLOGIST

FORM PROCESSING: This examination form must be forwarded by the examining Physician / Optometrist or Ophthalmologist to the above address within 15 days of the date of examination.

1. Visual Acuity WITHOUT Correction

RIGHT EYE 20/_____ LEFT EYE 20/_____

2. Visual Acuity WITH Correction [THIS BLOCK MUST BE FILLED OUT IF UNCORRECTED VISION IS GREATER THAN 20/20, 20/40]

RIGHT EYE 20/_____ LEFT EYE 20/_____

3. Binocular Single Vision – (A suitable depth perception exam must be administered)

Does the applicant have acceptable depth perception? ☐ YES ☐ NO

4. Color Perception – (A suitable Pseudoisochromatic color plate test must be administered)

Does the applicant have normal color vision? ☐ YES ☐ NO

If NO a follow-up Farnsworth Test may be administered.

Farnsworth Test Results: ☐ ACCEPTABLE ☐ UNACCEPTABLE

5. Field of Vision – Is the individual's combined field of vision 120^0 or greater in the horizontal meridian, excepting the normal blind spots?

☐ YES ☐ NO

I hereby certify that the information and statements contained in this examination form 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.

_____ _____
SIGNATURE OF DOCTOR (O.D., D.O. or M.D.) DATE

NAME OF PERSON COMPLETING EXAMINATION (Print Legibly)	TELEPHONE NUMBER	FAX NUMBER	LICENSE NO.

STREET ADDRESS	CITY/BORO	STATE	ZIP CODE

2. RELEASE OF VISUAL INFORMATION

Having applied for certification under the lethal weapons Training Act to carry a lethal weapon as an incidence of employment,

I _____, have duly subjected myself to an examination by a licensed Doctor (O.D, D.O. or M.D.) as required by the Act. I hereby reserve the right to have the data and conclusions remain confidential except to those whom I designate. I hereby grant release of the aforesaid information to the Commissioner, Pennsylvania State Police, or official designee, for purposes consistent with the application process pursuant to Act 235 and its corresponding regulations.

_____ _____
SIGNATURE – APPLICANT DATE