



**Constable Selection System  
Hearing and Vision Requirements  
Updated July 2023**



## Constable Selection System

The Ontario Association of Chiefs of Police (OACP) are the current administrators of the pre-employment testing service for police applicants across the province of Ontario. The information in this document outlines the **hearing and vision standards** of the Constable Selection System. As a police applicant, you will be required to complete this package in full and then submit it to the police service upon application.

In addition, in the final stages of the selection and hiring process, **police services may further require you to complete a medical history questionnaire and undergo a comprehensive physical examination and psychological evaluation.** The medical suitability of an applicant may be determined on the basis of the medical examination conducted by the examining physician acting on behalf of the hiring police service.

Through the medical evaluation, the examining physician will report any medical condition determined to potentially prevent an individual from performing the tasks required of a police constable in a safe and effective manner.

**As a police applicant, you may be disqualified due to the presence of any medical condition, treatment, limitation, or disease that will impact the performance of essential police duties in the following ways:**

- inhibits performance to a degree that, even with accommodation, essential duties cannot be completed safely and effectively;
- increases, to an unacceptable level, the risk to the applicant's personal health;
- increases the applicant's risk of sudden incapacitation or impaired judgment;
- can result in the transmission of an infectious disease to a co-worker or the public

Please consult with your local police service should you have any questions regarding the grounds for disqualification above.



## **Disclaimer**

By completing this package, you as the applicant acknowledge that you are aware and understand that the Police Services or Law Enforcement Agencies may disqualify you based on not being able to meet any of the minimum hearing and vision requirements outlined in this package.

## **Instructions for Applicant**

You are **required to complete this package at a local (Canadian) Optometry and Audiology clinic for the purposes of meeting the required hearing and vision standard.**

Once you have completed this package, you are to **provide the completed forms to the Police Service** along with the rest of your application package.

## **Exemptions**

Please note, applicants who reside in isolated communities may not be required to complete this form. However, you will be required to contact the Police Service you wish to work for and inquire about minimum hearing and vision standard testing.



## Message for Eye Care Professional (Pertaining to Appendix A)

Dear Eye Care Professional;

The individual in attendance with you is currently in the pre-employment testing stage with the Ontario Associations of Chiefs of Police as an applicant to become a Police Constable (or other Justice Practitioner) within the province of Ontario.

You are being asked to evaluate the **applicant's ability to meet the minimum vision requirements outlined below.**

### **Conclusion**

In the event the applicant does succeed far enough into the process, you may be contacted by a Police Recruiter or a Physician acting on behalf of a Police Service, to ensure this document is valid and not falsified in any way.

The applicant is responsible for **payment of all fees for testing and completion of this medical package. The assessment must be completed by an Optometrist/Ophthalmologist licensed in one of the provinces or territories of Canada.**



## Vision Requirements

### Minimum Vision Standards

- Corrected/uncorrected acuity at least 6/6 (20/20) with both eyes open.
- If a correction is required to obtain 6/6 (20/20) acuity, then uncorrected visual acuity at least 6/12 (20/40) with both eyes open.

### Farsightedness

The amount of hyperopia must not be greater than +2.00 D, spheroequivalent in the least hyperopic eye.

### Lateral Deviation “Far”

In excess of 5 eso or 5 exo, requires additional information from an Optometrist/Ophthalmologist, which documents the person is unlikely to experience double vision when fatigued or functioning in reduced visual environments. Guidelines regarding further testing and the appropriate forms can be found on the [www.oacpcertificate.ca](http://www.oacpcertificate.ca) website by clicking the "Menu" button and visiting the "Constable Selection System and Forms" page. Then select the “Guidelines for Optometrists or Ophthalmologists” button.

### Lateral Deviation “Near”

In excess of 6 eso or 10 exo, requires additional information from an Optometrist/Ophthalmologist which documents that the person is unlikely to experience double vision when fatigued or functioning in reduced visual environments. Guidelines regarding further testing and the appropriate forms can be found on the [www.oacpcertificate.ca](http://www.oacpcertificate.ca) website by clicking the "Menu" button and visiting the "Constable Selection System and Forms" page. Then select the “Guidelines for Optometrists or Ophthalmologists” button.

### Colour Vision

Colour vision must be assessed without any colour corrective (e.g. X-Chrom, Chromagen, Enchroma, Vino) lenses. Normal colour vision as determined by the tests listed in Table 1. If the applicant fails any of the screening tests or has a borderline performance on the test (based on the test scoring instructions), then the applicant must pass Farnsworth D-15 or Waggoner Diagnostic D15. Guidelines regarding further testing and the appropriate forms can be found on the [www.oacpcertificate.ca](http://www.oacpcertificate.ca) website by clicking the "Menu" button and visiting the "Constable Selection System and Forms" page. Then select the “Guidelines for Optometrists or Ophthalmologists” button.

Table 1. List of acceptable for colour vision screening tests

24 plate or 38 plate edition of the Ishihara test Hardy, Rand Ritter 4 <sup>th</sup> or 5 <sup>th</sup> edition, Waggoner PIP24, Waggoner Computerized Color Vision Test Innova/Rabin Cone Contrast Test.
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## Peripheral Vision

The recommended testing protocol to access each eye's functional visual field is the Humphrey Full Field 135-point program (or equivalent) performed monocularly with the two zone test strategy and single intensity test mode. If this program is not available, then the Full Field 120-point program (or equivalent) performed monocularly is sufficient. If neither of these visual field protocols is available, an equivalent formal perimetric visual field test (i.e., not confrontational fields) would be one that measures the visual field out the limits listed below using a size III Goldman equivalent target at a 10-decibel intensity setting. Except for the physiological blind spot, there should be no significant scotomas within the limits specified below. A significant scotoma is defined as two or more adjacent points that are not seen. If the scotoma is covered completely by the normal visual field in the other eye, then it can be considered as acceptable and may only need to be monitored. Limits for the various meridians are:

- Temporal (0° meridian): 75°
- Superior temporal (45° meridian): 40°
- Superior (90° meridian): 35°
- Superior nasal (135° meridian): 35°
- Nasal (180° meridian): 45°
- Nasal-inferior (225° meridian): 35°
- Inferior (270° meridian): 55°
- Inferior temporal (315° meridian): 70°

## Corneal refractive surgery

Allowed; however, the Specialist must provide specific documentation outlining the condition in a report if they do have a history of one criterion in appendix A.

## Pseudophakic intraocular lenses

Allowed; however, the Specialist must provide specific documentation outlining the condition in a report if they do have a history of one criterion in appendix A.

## Phakic intraocular lens implants (PIOL)

Allowed; however, the Specialist must provide specific documentation outlining the condition in a report if they do have a history of one criterion in appendix A.

## Orthokeratology, corneal transplants, intra-stromal corneal rings

Not allowed

## Ocular disease

Free from diseases and disorders that impair visual performance as indicated by the standards above, or will produce sudden, unpredictable incapacitation of the visual system, or are progressive and are likely to impair visual performance.

# Vision Assessment Form (Appendix A)



<b>Section A</b>	
For Optometrist/Ophthalmologist Only	
Does the Applicant meet the minimum vision requirements?	
<input type="checkbox"/> Meets Standard	<input type="checkbox"/> Does Not Meet Standard
Has the applicant ever had refractive surgery (this includes Corneal and Intra-Ocular Lens Procedures)?	
<input type="checkbox"/> Yes (Proceed to section B subsection a)	<input type="checkbox"/> No (Proceed to section D)

<b>Section B</b>	
For Optometrist/Ophthalmologist Only	
a) Did the applicant have refractive eye surgery within 6 months?	
<input type="checkbox"/> Yes (proceed to subsection b)	<input type="checkbox"/> No (Skip to subsection c)
b) Did the applicant wait the mandatory 30-day waiting period post surgery?	
<input type="checkbox"/> Yes (Appendix 1 from "Vision Guidelines" package must be completed)	
<input type="checkbox"/> No (Defer vision appointment until 30 days have passed)	
c) Does the applicant have a history of any of the following symptoms:	
<input type="checkbox"/> Visible Corneal Haze	<input type="checkbox"/> Cataracts
<input type="checkbox"/> Night Vision Difficulties	
If yes to any, please contact the OACP at support@oacpcertificate.ca for additional documentation	

<b>Section C</b>	
For Applicant Only	
Declaration, Acknowledgment and Consent	
<small>Initials</small>	I consent to having my vision test and related invoice provided to the Police Service I choose to apply to as part of the pre-selection hiring process.
	I certify and acknowledge that all the documents/materials included in this submission have been examined by me, and that, to the best of my knowledge, the information provided is true, accurate and complete. I will furnish, upon request, all additional records and documents considered necessary by the OACP to review my submission.
	I authorize the Policy Service receiving and considering my application to contact the ophthalmologist or optometrist indicated below if clarification of this vision examination is required, and I authorize my ophthalmologist or optometrist to provide such additional information to said Police Service as may be required to satisfy their questions about my test.
	I acknowledge that I will present the invoice or receipt from this testing session and submit it with these medical forms to the police service upon their request.
Signature	Date

<b>Section D</b>		
For Optometrist/Ophthalmologist Only		
Specialist's Name	Specialty	License Number
	<input type="checkbox"/> Optometrist	
	<input type="checkbox"/> Ophthalmologist	
Applicant's Name	Telephone Number	
Business Address	Date Signed	
Specialist's Signature	Office Stamp	
<i>This form is valid for a period of 2 years from the date signed.</i>		
<i>The Applicant is required to attach the appointment invoice/receipt when submitting this form to the Police Service</i>		



## **Message for Audiologist or Hearing Instrument Specialist (Pertaining to Appendix B)**

Dear Audiologist or Hearing Instrument Specialist

The individual in attendance with you is currently in the pre-employment testing stage with the Ontario Associations of Chiefs of Police as an applicant to become a Police Constable (or other Justice Practitioner) within the province of Ontario.

You are being asked to evaluate the applicant's ability to meet the minimum hearing requirements outlined below.

### **Requirement**

The applicant must be able to pass stage 1 of the audiogram testing. Should the applicant not be successful in stage 1, the applicant must then proceed onto stage 2.

**If the applicant meets the standard of stage 1 (audiogram testing), the applicant is not required to conduct stage 2 and is considered to officially meet the standard.**

### **Additional Considerations**

- **Stage 1 and Stage 2 must be done without hearing aids or hearing implants.**
- **Applicants with hearing implants must go directly to stage 3.**

### **Conclusion**

In the event the applicant does succeed far enough into the process, you may be contacted by a Police Recruiter or a Physician acting on behalf of a Police Service, to ensure this document is valid and not falsified in any way.

The applicant is responsible for **payment of all fees for testing and completion of this medical package. The assessment must be completed by an Audiologist/ Hearing Instrument Specialist licensed in one of the provinces or territories of Canada.**





## Minimum Hearing Standards

### **Stage 1 – Audiogram**

Hearing thresholds are measured in all candidates.

Pure-tone thresholds measured under audiometric headphones shall not exceed 25 dB HL in each ear at the following frequencies: 500, 1000, 2000, 3000 and 4000 Hz. Candidates whose hearing levels fail to meet these requirements must proceed to Stage 2.

### **Stage 2 – QuickSIN under headphones**

Candidates who do not meet the Stage 1 criteria are evaluated with the headphone version of the QuickSIN with the speech level set to 70 dB HL. Each ear is tested separately. Following a practice list, administer a standard list to determine the SNR loss score. Repeat for two additional lists then calculate the average dB SNR loss score over the 3 lists. Repeat for the other ear.

The required criteria for Stage 2 is:

1. Quiet: pure-tone average (PTA) at 500, 1000, 2000, 3000 Hz and 4000 Hz  $\leq$  30 dB HL or SRT (using spondaic words such as the CID W-1 word lists) no greater than 20 dB HL in each ear, and
2. Noise: SNR loss score on the QuickSIN no greater than 3 dB in each ear.

Candidates who fail to meet the interim noise criterion for the QuickSIN can be retested once. Retesting can be done immediately after initial testing during the same visit. **Hearing aids and hearing implants are not allowed to be used during the stages 1 or 2.**

Candidates who fail this step must proceed to Stage 3 (HINT). For sound field testing, site-specific normative data must be established, after which a 2 dB elevation above the norm for the Noise Composite SRT is applied to determine the site-specific criterion for speech in noise.

### **Stage 3 – Hearing in Noise Test (HINT)**

For applicants who have hearing implants or have failed Stage 2, further testing will be required under the HINT at authorized clinics only. Applicants will be required to contact the OACP Customer Service Team at [support@oacpcertificate.ca](mailto:support@oacpcertificate.ca) for more information.

# Hearing Assessment Form (Appendix B)



## Section A

For Audiologist/Hearing Instrument Specialist Only

Does the Applicant meet the minimum hearing requirements?  
 Meets Standard                       Does Not Meet Standard

## Section B

For Audiologist/Hearing Instrument Specialist Only

**Notice For Audiologist/Hearing Instrument Specialist**

Hearing aids and hearing implants are not allowed to be used during the Audiogram or QuickSIN assessment. Hearing-aids and hearing implants are only authorized for the HINT assessment.

Should an Applicant not meet the Audiogram nor QuickSIN minimum criteria, please refer the individual to contact the OACP to schedule an appointment at an authorized HINT testing clinic.

## Section C

For Applicant Only

Declaration, Acknowledgment and Consent

Initials	I consent to having my hearing report and related invoice provided to the Police Service I choose to apply to, as part of the pre-selection hiring process.
	I certify and acknowledge that all the documents/materials included in this submission have been examined by me, and that, to the best of my knowledge, the information provided is true, accurate and complete. I will furnish, upon request, all additional records and documents considered necessary by the OACP to review my submission.
	I authorize any Police Service receiving and considering my application to contact the Audiologist/Hearing Instrument Specialist indicated below if clarification of this hearing examination is required, and I authorize my Audiologist/Hearing Instrument Specialist to provide such additional information to said Police Service as may be required to satisfy their questions about my test.
	I acknowledge that I will present the invoice or receipt from this testing session and submit it with these medical forms to the police service upon their request.
Signature	Date

## Section D

For Audiologist/Hearing Instrument Specialist Only

Specialist's Name	Specialty <input type="checkbox"/> Audiologist <input type="checkbox"/> Hearing Instrument Specialist	CASLPO/AHIP Number
Applicant's Name	Telephone Number	
Business Address	Date Signed	
Specialist's Signature	Office Stamp	
<p><i>This form is valid for a period of 2 years from the date signed.</i></p> <p><i>The Applicant is required to attach the appointment invoice/receipt when submitting this form to the Police Service</i></p>		



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