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MEDICAL STANDARDS FOR SWORN POLICING AND PROTECTIVE SERVICE OFFICER CANDIDATES - 2018

POLICING FOR A SAFER AUSTRALIA

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POLICING FOR A SAFER AUSTRALIA

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**MEDICAL STANDARDS FOR SWORN POLICING AND
PROTECTIVE SERVICE OFFICER CANDIDATES
2018 EDITION**

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Pages 4 through 6 redacted for the following reasons:

s22(1)(a)(ii)

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s22(1)(a)(ii)

Visual testing

Candidates should undergo vision assessment prior to moving to a full medical assessment.

Candidates who do not meet the Standard for vision should not progress to further medical assessment.

s22(1)(a)(ii)

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MEDICAL CONDITIONS AND BODY SYSTEMS

PART 1 ASSESSMENT: Vision and hearing

VISION

Candidates are to undergo vision assessment, including visual field testing, by an Optometrist registered with the Australian Health Professionals Registration Agency (AHPRA). The results of the assessment are to be reported on the template at [Attachment 1](#).

Candidates must have visual acuity that ensures they can safely perform the *Inherent Requirements* and therefore perform an operational policing role. This includes not placing the individual, colleagues or members of the public at risk as a result of incidents where the officer loses their visual aids.

Critical job functions relating to vision include:

1. decisions relating to discharging firearms;
2. facial recognition;
3. license plate identification;
4. providing reliable evidence in court, and
5. urgent and pursuit driving.

Distant visual acuity

The Standard:

- Binocular visual acuity of 6/6 or better, aided if necessary;
- Monocular visual acuity of 6/9 or better in each eye, aided if necessary;
- Unaided binocular visual acuity of 6/36 or better; and
- Unaided monocular visual acuity of 6/36 or better in the weaker eye.

Candidates whose uncorrected vision cannot be corrected to 6/6 in either eye should be referred to their GP for follow-up.

Candidates who wear glasses to meet the aided binocular vision Standard must provide written documentary evidence that the lenses are made of polycarbonate material.

Candidates who wear contact lenses to meet the aided binocular vision Standard must provide evidence (identified in [Appendix 1](#)) from an optometrist or ophthalmologist (using [Appendix 3](#)) confirming that there are no issues and they can wear contact lenses for a minimum of 12 hours per day.

Near visual acuity

The Standard:

- Ability to read N8 text, aided if necessary.

If this Standard cannot be met, with correction if necessary, the candidates should be referred to their GP for follow-up.

Monocular vision

The Standard:

- Monocular vision does not meet the Standard.

Visual fields

The Standard:

- Visual field of at least 70 degrees of peripheral vision on either side of the meridian horizontally, 20 degrees vertically and with no significant scotoma.

Peripheral vision assists the driver/rider to be aware of their total driving environment.

Use of monocular automated static perimetry is the minimum baseline standard for visual field assessments.

Candidates with any significant visual field defect require further testing in the form of binocular Esterman visual field assessment. This testing is usually undertaken with a Humphrey visual field analyser. If an alternative device is used the device must have the ability to monitor fixation and to stimulate the same spots as the standard binocular Esterman. False positive score needs to be < 20% for the result to be valid.

Candidates with a progressive eye condition eg keratoconus, require a binocular Esterman visual field assessment as outlined above and report from an ophthalmologist, including an opinion on whether the candidate can safely perform the *Inherent Requirements*.

An ophthalmologist report (using [Appendix 3](#)) required for any candidate with visual field defects, outlining the condition, any treatment, including any ongoing treatment required, and an opinion on whether the candidate can safely perform the *Inherent Requirements*.

Binocular fusion deficiency

The Standard:

- A significant esotropia (> 10 prism diopter) does not meet the Standard.

Candidates with a difference of at least 2 lines in their corrected monocular acuities or a history of strabismus or lazy eye require an ophthalmologist report (using [Appendix 3](#)). The report must include an opinion as to whether double vision is likely under both day and night conditions and an opinion on whether the candidate can safely perform the *Inherent Requirements*.

Central field loss

The Standard:

- Significant central field loss does not meet the Standard.

Significant central field loss is defined as any of the following:

- A cluster of four or more adjoining points that is either completely or partly within the central 20 degree area;
- Loss consisting of both a single cluster of three adjoining missed points up to and including 20 degrees from fixation and any additional separate missed point(s) within the central 20 degree area;
- Any central loss that is an extension of a hemianopia or quadrantanopia of size greater than three missed points.

Refractive surgery

The Standard is that the following time frames must be met post-surgery:

- A minimum of 3 months is required post LASIK and LASEK surgery before commencing at the AFP College OR returning to an operational policing role.
- A minimum of 6 months is required post photorefractive keratectomy (PRK) surgery before commencing at the AFP College OR returning to an operational policing role.

Candidates who meet the visual acuity requirements post refractive surgery require a report from their treating ophthalmologist (using [Appendix 3](#)) and providing an opinion on whether the candidate can safely perform the *Inherent Requirements* and safely undertake police or PSO recruit training course.

Ongoing requirement for successful candidates

Candidates who had pre-surgery refractive errors of greater than 6 diopters should be advised that they are required to provide an annual optometrist report to AFP Medical Services ensuring stability of their correction.

Diplopia

The Standard:

- A history of diplopia does not meet the Standard.

Corneal grafts and lens implants

A history of corneal graft(s) or lens implants may meet the Standard. A report from the treating ophthalmologist is required (using [Appendix 3](#)) stating their opinion that the candidate can safely perform *Inherent Requirements*, including exposure to oleoresin capsicum (OC) spray.

Retinal detachment and radial keratotomy

The Standard:

- A history of retinal detachment or radial keratotomy does not meet the Standard.

Colour Vision

The Standard:

- Protan deficiency of any severity does not meet the Standard;
- Protan deficiency for Entry Level Protective Service Officer candidates will be considered on a case by case basis.
- Severe colour vision deficiency of any type does not meet the Standard;
- Deutan deficiency where the Farnsworth D15 test is passed is likely to meet the Standard;
- Deutan deficiency where the Farnsworth D15 test is failed is unlikely to meet the Standard.

Drivers who are given special exemptions from normal road rules, such as emergency service vehicle drivers, should have a risk assessment and an appropriate level of medical level of medical standard applied by the employer.

Safety critical tasks

Candidates must have appropriate colour vision to ensure they can carry out safety critical tasks, which include tasks where inability to carry out a task involving the recognition of colour could result in a safety risk to the individual carrying out the task, to colleagues or members of the general public. Sworn police are given exemptions to drive/ride outside the normal road rules. Sworn police undertake urgent duty driving and pursuit driving where short reaction times are required, including recognising red traffic lights and brake lights.

Candidates with Proton deficiency have a relative insensitivity to the red lights used in traffic lights regardless of the severity of the defect.

Operational critical tasks

Operational critical tasks can be impacted by surface colour recognition, resulting in failure of an operation. Examples of operational critical tasks include participation in search activities, evidence gathering and reliable evidentiary descriptions of coloured objects. Candidates with mild congenital defects can reliably identify surface colour when conducting operational critical tasks. The Farnsworth D15 test is recognised as being a good test to identify mild deficiency from severe deficiency.

Candidates with protan deficiency do not meet the Standard. The risk is the same for all Protans, regardless of severity.

Entry level – protective service officer candidates with protan deficiency will be considered on a case by case basis by AFP Medical Services. AFP appointees undertaking a typical PSO role do not undertake urgent or pursuit driving. However, PSO's accepted with a protan deficiency will be unable to transfer to certain other roles within the AFP, including, but not limited to, applying for a sworn policing role or a Close Personal Protection role.

Candidates with severe deutan and tritan deficiency are to be assessed on a case by case basis.

Practical tests for colour assessment are not considered valid or reliable nor are they appropriate to assess safe driving at high speeds.

Colour vision testing requirements

1. *Pseudoisochromatic Plates*

All candidates are to be screened with Pseudoisochromatic Plates.

Only plates 2 to 13 of a 24 plate edition of the Ishihara Pseudoisochromatic Plates are to be used.

Use of sunglasses or coloured lenses is not permitted.

Pseudoisochromatic Plate testing to be administered:

- Binocularly;
- with minimum visual acuity of 6/18;
- under daylight or daylight fluorescent tube (ordinary fluorescent tubes not to be used);
- plates to be viewed at 2/3 metre (arm's length) distance;
- allow 4 seconds per plate;
- order of plates to be varied;
- actual response of candidate to be recorded ie. the number they see or a dash if they see nothing using the form at Appendix 1.

- i. Pass is 3 or fewer errors
- ii. Failure is more than 3 errors
- iii. Candidates who pass this test are acceptable without further colour vision testing

The Standard for Pseudoisochromatic Plates:

- Three errors or fewer.

2. *Farnsworth D15 testing*

Candidates who fail the Pseudoisochromatic Plates test are to undergo *Farnsworth D15 testing*.

Farnsworth D15

The Standard for Farnsworth D15 testing:

- A Pass is 0 or 1 crossing of the colour circle.

Minimum visual acuity required is 6/60.

Results to be plotted on a colour circle.

A Pass is 0 or 1 major crossing of the circle.

A Fail is 2 or more crossings of the circle.

Candidates who fail the Farnsworth D15 do not meet the Standard and do not undergo any further testing.

Candidates who pass the Farnsworth D15 test are to undergo further assessment to determine if they have a Protan defect, using:

- Medmont C100 or;
- Medmont C100's equivalent, the Oscar Test; or
- An anomaloscope (Nagel, Neitz or other anomaloscope conducting a Rayleigh match.

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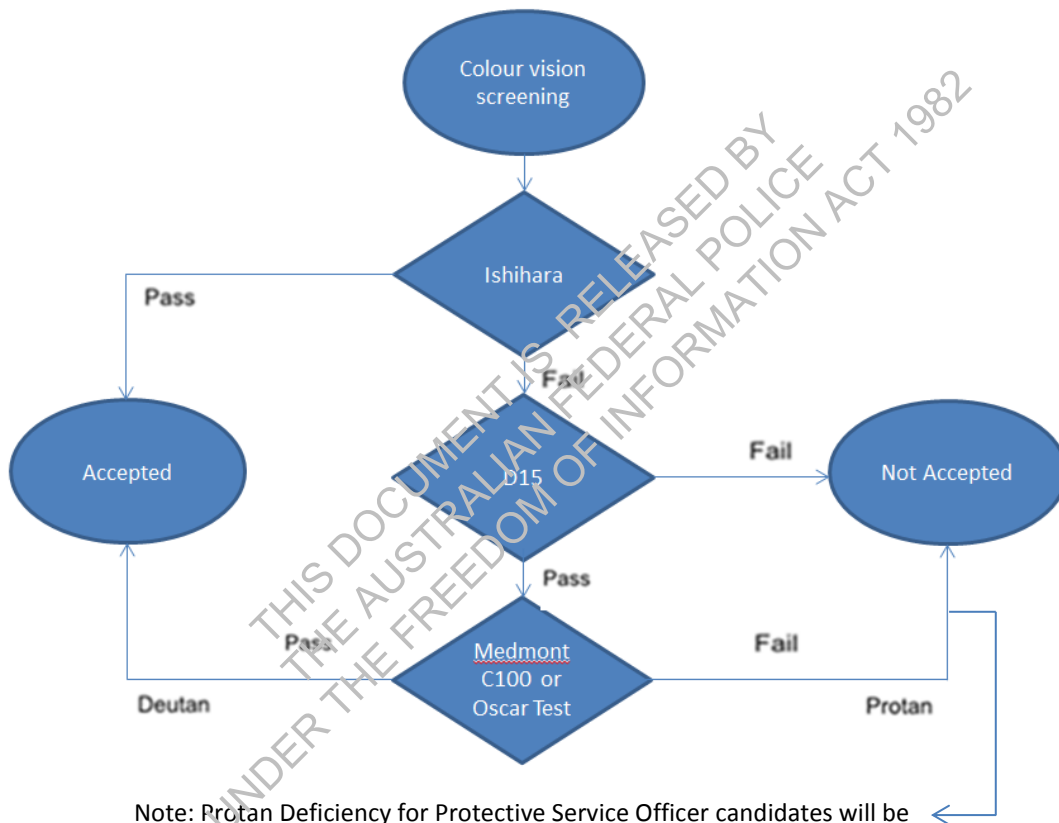
The reason for undergoing Farnsworth D15 before further assessment is that the D15 test is more readily available and a fewer number of candidates will require further assessment following D15 testing. If available, Medmont C100/Oscar Test/Anomaloscope can be undertaken prior to D15 testing.

Medmont C100 / Oscar Test / Anomaloscope

The Standard is:

- Candidates who pass Farnsworth D15 and are determined to have a Deutan defect meet the Standard.

The flow chart below summarises the process for colour vision testing of candidates for sworn police and PSOs:



Note: Protan Deficiency for Protective Service Officer candidates will be considered on a case by case basis.

References

Austroroads *Assessing Fitness to Drive for commercial and private vehicle drivers 2016* (as amended up to August 2017)

Goldberg RL, Spilberg SW & Weyers SC. *Medical Screening Manual for California Law Enforcement. Vision Guidelines revised June 2015.*

Good GW, Maisel SC & Kriska SD. *Setting an Uncorrected Visual Acuity Standard for Police Officer Candidates.* Journal of Applied Psychology 1998; 83(5): 817-24

Parkes, J. *Review of Colour Vision Standards for the Australian Federal Police 2016.*

Law Enforcement Officer Guidance. Chapter 4.5 Eyes and Vision, revised 13-03-15 American College of Occupational and Environmental Medicine*.

*In particular, the following pages of this document describe relevant studies and supporting documents in relation to this Standard:

- P 14 – reduction in visual acuity in low light/night conditions
- P 15 – facial recognition
- P 18 – critical task performance
- P 20 – rationale behind VA standard in weaker eye
- P 22 – table X1-7 re loss of or removal of visual aids
- P 57 – the importance of visual fields
- P 58 – legal precedent, case defending standards
- P 60 – diplopia evaluations

A number of studies have shown up to 50% of officers stated their spectacles had been dislodged at least once during their career.

Visual acuity can be significantly compromised at night such that 6/6 vision can be degraded to 6/12 under low light conditions and 6/12 can be degraded to 6/60.

Contact lenses – California POST recommends individuals who have worn soft contact lenses (SCL) for greater than 6 months do not need to meet an unaided requirement, provided there is an ongoing monitoring programme in place to ensure the continued use of SCLs on duty.

Pages 20 through 58 redacted for the following reasons:

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References

Austroroads *Assessing Fitness to Drive for commercial and private motor vehicle drivers – medical standards for licensing and clinical management guidelines*. 2016 (as amended up to August 2017).

Goldberg RL, Spilberg SW & Weyers SC. *Medical Screening Manual for California Law Enforcement. Vision Guidelines revised June 2015*.

Good GW, Maisel SC & Kriska SD. *Setting an Uncorrected Visual Acuity Standard for Police Officer Candidates*. *Journal of Applied Psychology* 1998; 83(5): 817-24

Parkes, J. *Review of Colour Vision Standards for the Australian Federal Police 2016*.

Law Enforcement Officer Guidance. Chapter 4.5 Eyes and Vision, revised 13-03-15 American College of Occupational and Environmental Medicine

Barry L Cole *Assessment of inherited colour vision defects in clinical practice*. *Clinical and Experimental Optometry* 2007; 90: 3: 157-175

Catharine M. Chisholm *New Vision Standards for Police Constable Recruits*. *Optometry in Practice Vol 6* (2005) 131-140

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Attachments

s22(1)(a)(ii)

Attachment B 837 Medical Assessment AFP Entry Level Recruit – Policing and Protective Service Officer, Parts 1, 2 and 3

s22(1)(a)(ii)

Appendix 1 Vision Assessment by Optometrist

s22(1)(a)(ii)

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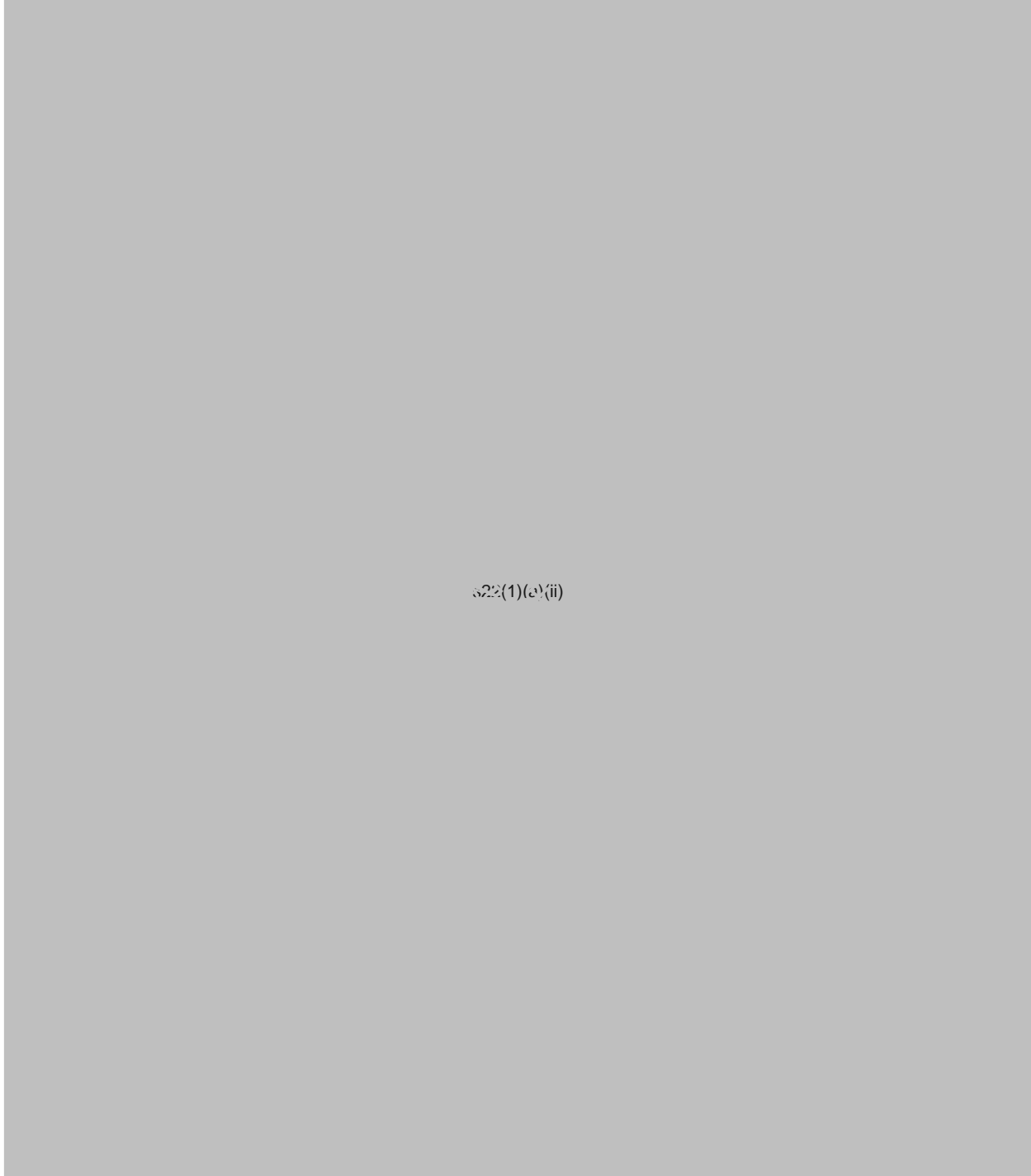
Name	
DOB	



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**837 MEDICAL RISK ASSESSMENT
ENTRY LEVEL RECRUIT - POLICING & PROTECTIVE SERVICE
OFFICER**



s22(1)(e)(ii)

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Name	
DOB	

**National Security Classification, Sensitive: Personal
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Question	Yes	No
s22(1)(a)(ii)		
EYE, EAR, NOSE AND THROAT		
42. Any eye disorder or operation, including need for glasses or contact lenses, radial keratotomy or laser surgery?	<input type="checkbox"/>	<input type="checkbox"/>
43. Personal or family history of glaucoma	<input type="checkbox"/>	<input type="checkbox"/>
44. Colour perception problems or any specialised testing?	<input type="checkbox"/>	<input type="checkbox"/>
s22(1)(a)(ii)		

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s22(1)(a)(ii)

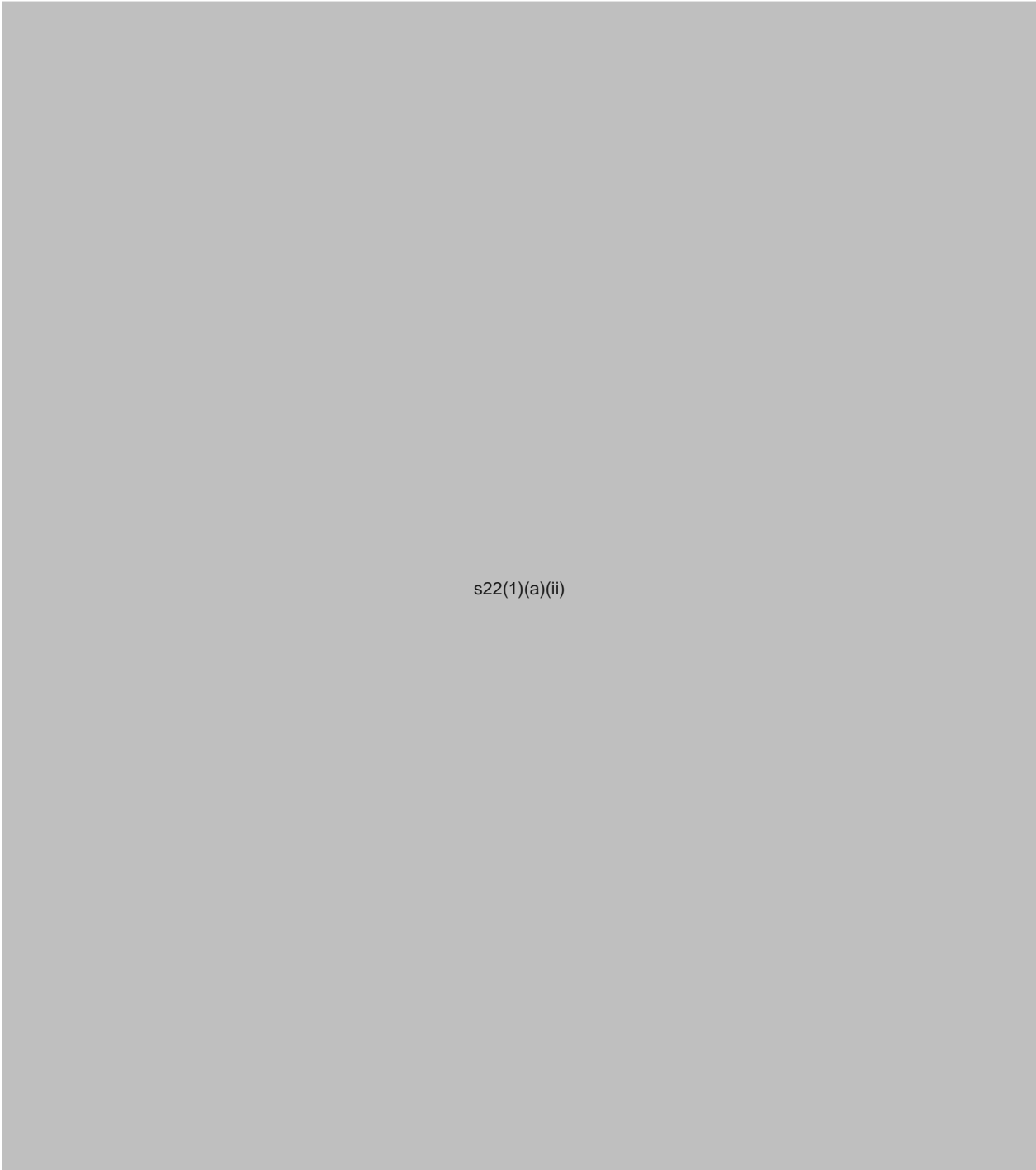
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Name	
DOB	

National Security Classification, Sensitive: Personal
MEDICAL-IN-CONFIDENCE



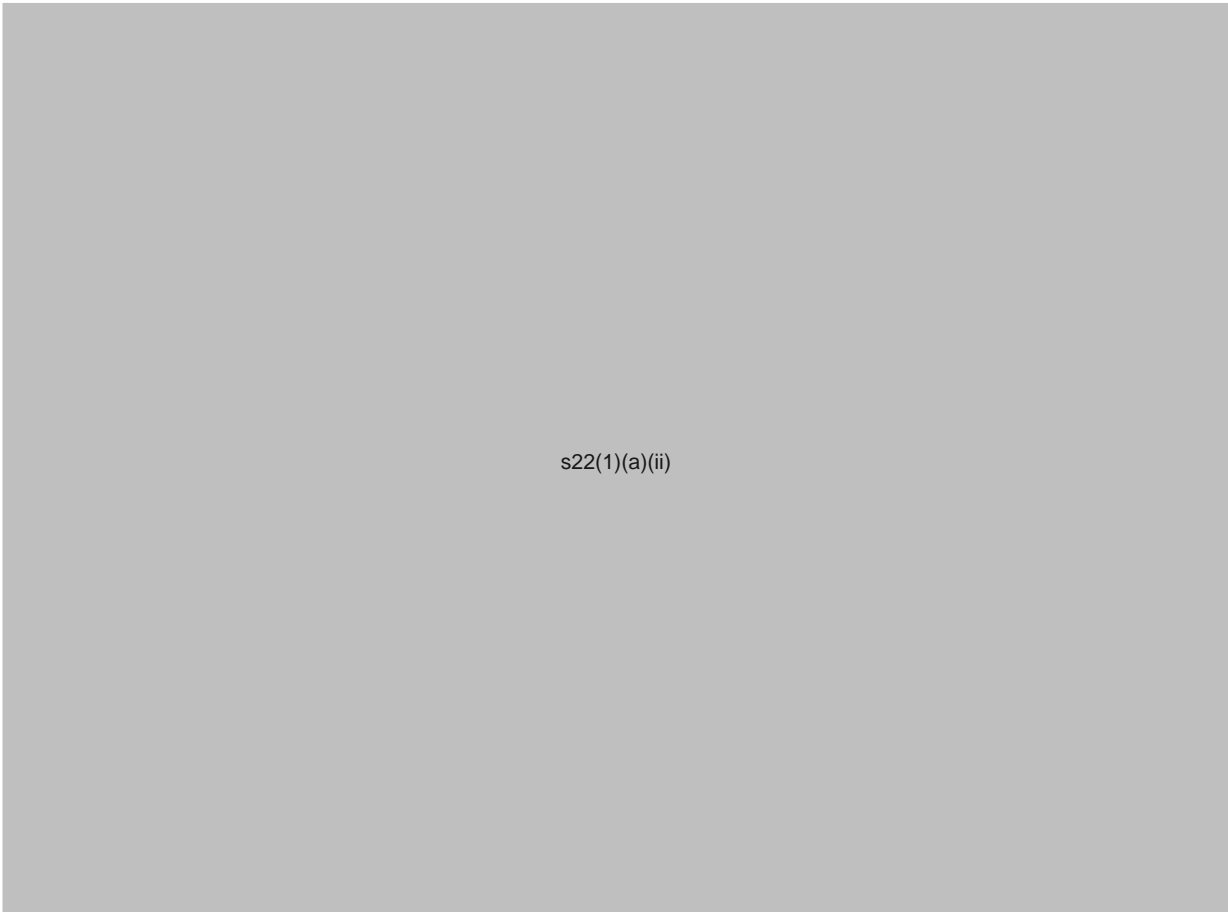
PART 2
MEDICAL EXAMINATION
ENTRY LEVEL RECRUIT – POLICING AND PROTECTIVE SERVICE OFFICER
TO BE COMPLETED BY EXAMINING DOCTOR



s22(1)(a)(ii)

Name	
DOB	

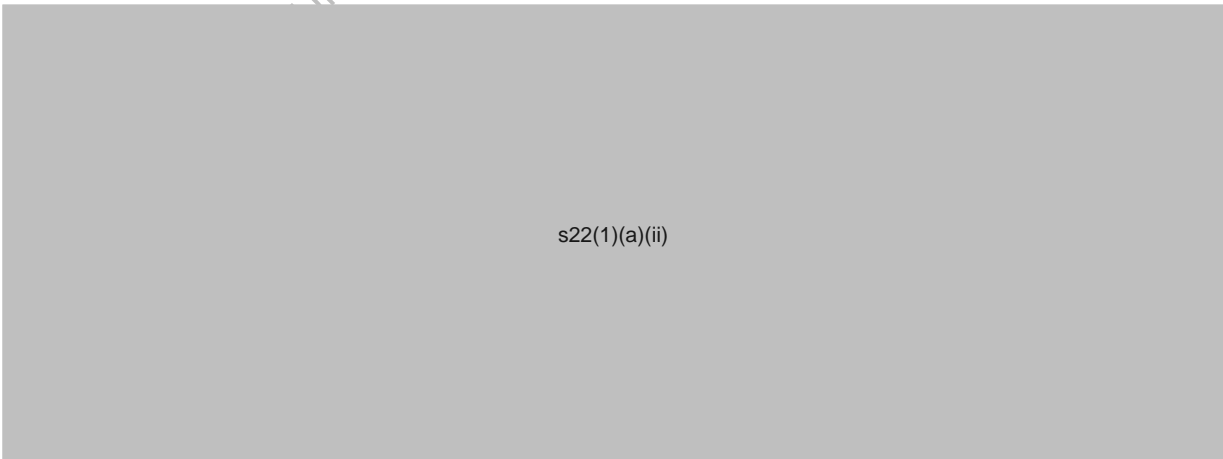
**National Security Classification, Sensitive: Personal
MEDICAL-IN-CONFIDENCE**



s22(1)(a)(ii)

Vision

Visual Acuity	Note that both binocular and monocular VA to be tested		
Uncorrected distance vision	Both 6/	Right 6/	Left 6/
Corrected distance vision	Both 6/	Right 6/	Left 6/
Uncorrected near vision	Both N	Right N	Left N
Corrected near vision	Both N	Right N	Left N
Colour Vision Did testing reveal normal colour vision?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If abnormal colour vision, refer to optometrist for further assessment
Visual Acuity Does Visual Acuity meet the standard?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	



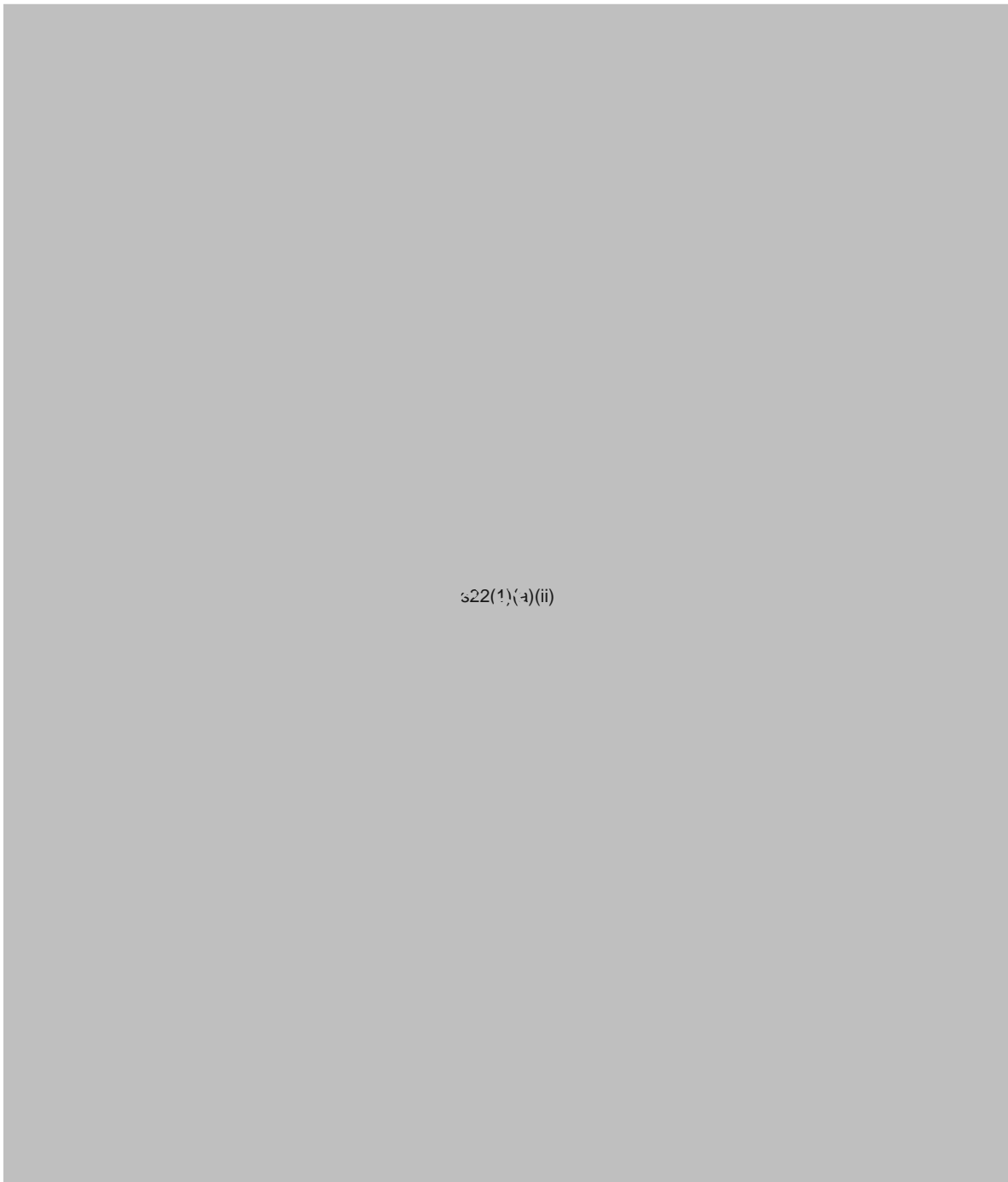
s22(1)(a)(ii)

Name	
DOB	

National Security Classification, Sensitive: Personal

MEDICAL-IN-CONFIDENCE

	Normal	Abnormal	Comments
s22(1)(a)(ii)			
Eyes			
General	<input type="checkbox"/>	<input type="checkbox"/>	
Visual Fields	<input type="checkbox"/>	<input type="checkbox"/>	
Movement	<input type="checkbox"/>	<input type="checkbox"/>	
Fundi (if examined)	<input type="checkbox"/>	<input type="checkbox"/>	



s22(1)(a)(ii)

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AFP ENTRY LEVEL RECRUIT – POLICING AND PROTECTIVE SERVICE OFFICER

Appendix 1 - VISION ASSESSMENT

Instructions for examining optometrist

Thank you for reviewing this candidate who has applied for an entry level policing or protective service officer (PSO) role in the AFP.

You must verify the candidate’s identity by photographic identification, using either a current Australian State or Territory drivers or current Australian passport.

Please ensure the candidate’s name is written at the top of pages 2-7.

The Standard that must be met is identified for each area of examination.

Please attach relevant results to the back of this document.

Sign and date Page 7 and provide completed document to the candidate for return to the AFP’s contracted health provider.

Candidate details – please attach a copy of the identification

Last Name / Family Name	
First Name	
Date of Birth	
Gender	
Candidate for:	Entry level recruit - Policing <input type="checkbox"/> Entry level recruit - Protective Service Officer <input type="checkbox"/>

Photographic Identification – please attach copy of identification

Identification	Driver’s licence <input type="checkbox"/>	Australian Passport <input type="checkbox"/>
Licence number / Passport number		Expiry date

Spectacles/contact lenses

Does the candidate wear spectacles?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If the candidate wears spectacles, are they made of polycarbonate scratch resistant lenses?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the candidate wear contact lenses?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If the candidate wears contact lenses, how long has the candidate been wearing contact lenses?	
Average number of hours contact lenses worn per day	
If contact lenses are worn, can the Candidate wear contact lens for a minimum of 12 hours?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments	

Visual acuity

The Standard:			
<ul style="list-style-type: none"> • Binocular visual acuity of 6/6 or better, aided if necessary; • Monocular visual acuity of 6/9 or better in each eye, aided if necessary; • Unaided binocular visual acuity of 6/36 or better; and • Unaided monocular visual acuity of 6/36 or better in the weaker eye. 			

Unaided visual acuity

Both eyes	6/	Meets Standard	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Each eye	R 6/ L 6/	Meets Standard	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Corrected visual acuity (if wears spectacles or contact lenses)

Both eyes	6/	Meets Standard	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Each eye	R 6/ L 6/	Meets Standard	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Near visual acuity

The Standard:			
<ul style="list-style-type: none"> • Binocular ability to read N8 text, aided if necessary. 			

Both eyes	N	Meets Standard	Yes <input type="checkbox"/>	No <input type="checkbox"/>
-----------	---	----------------	------------------------------	-----------------------------

Binocular vision

The Standard:			
<ul style="list-style-type: none"> • Binocular vision is required. 			

Comments:	Meets Standard	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Visual fields

The Standard:			
<ul style="list-style-type: none"> • Visual field of at least 70 degrees of peripheral vision on either side of the meridian horizontally, 20 degrees vertically and with no significant scotoma. 			

Use of monocular automated static perimetry is the minimum baseline standard for assessing visual fields.

Comments:	Meets Standard	Yes <input type="checkbox"/>	No <input type="checkbox"/>
-----------	----------------	------------------------------	-----------------------------

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Candidates with any significant visual field defect require further testing in the form of binocular Esterman visual field assessment. This testing is usually undertaken with a Humphrey visual field analyser. If an alternative device is used the device must have the ability to monitor fixation and to stimulate the same spots as the standard binocular Esterman. False positive score needs to be < 20% for the result to be valid.

Candidates with a progressive eye condition require a binocular Esterman visual field assessment as outlined above.

Comments:

Central visual field loss

The Standard:
<ul style="list-style-type: none"> Significant central visual field loss does not meet the Standard.

Significant central visual field loss is defined as any of the following:

- A cluster of four or more adjoining points that is either completely or partly within the central 20 degree area;
- Loss consisting of both a single cluster of three adjoining missed points up to and including 20 degrees from fixation and any additional separate missed point(s) within the central 20 degree area;
- Any central loss that is an extension of a hemianopia or quadrantanopia of size greater than three missed points.

Comments:	Meets Standard	Yes <input type="checkbox"/> No <input type="checkbox"/>
-----------	----------------	--

Binocular fusion deficiency

The Standard:
<ul style="list-style-type: none"> A significant esotropia (> 10 prism diopter) does not meet the Standard.

Comments:	Meets Standard	Yes <input type="checkbox"/> No <input type="checkbox"/>
-----------	----------------	--

Diplopia

The Standard:
<ul style="list-style-type: none"> A history of Diplopia does not meet the <i>Standard</i>.

Comments	Meets Standard	Yes <input type="checkbox"/> No <input type="checkbox"/>
----------	----------------	--

Retinal detachment and radial keratotomy

The Standard:
 • A history of retinal detachment and radial keratotomy does not meet the Standard.

Comments	Meets Standard	Yes <input type="checkbox"/> No <input type="checkbox"/>
----------	----------------	--

Refractive surgery

The Standard:
 • A minimum of 3 months is required post LASIK and LASEK surgery before commencing at the AFP College OR returning to an operational policing role.
 • A minimum of 6 months is required post PRK surgery before commencing at the AFP College OR returning to an operational policing role.

Has the candidate had refractive surgery?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, type of refractive surgery:		
Date refractive surgery performed:		
Comments	Meets Standard	Yes <input type="checkbox"/> No <input type="checkbox"/>

Colour vision

The Standard:
 • Three or fewer errors using plates 2-13 of 24 plate Ishihara Pseudoisochromatic Plates meets the Standard;
 • Protan deficiency of any severity does not meet the Standard for Police;
 • Protan deficiency for Protective Service Officer candidates will be considered on a case by case basis;
 • Severe colour vision deficiency of any type does not meet the Standard;
 • Deutan deficiency where the Farnsworth D15 test is passed is likely to meet the Standard;
 • Deutan deficiency where the Farnsworth D15 test is failed is unlikely to meet the Standard.

Pseudoisochromatic Plates

The Standard for Pseudoidochromic Plates:
 • Three errors or less.

Only plates 2 to 13 of a 24 plate edition of the Ishihara Pseudoisochromatic Plates are to be used.

Use of sunglasses or coloured lenses is not permitted.

Pseudoisochromatic Plate testing to be administered:

- Binocularly;
- with minimum visual acuity of 6/18;
- under daylight or daylight fluorescent tube (ordinary florescent tubes not to be used);
- plates to be viewed at 2/3 metre (arm's length) distance;
- allow 4 seconds per plate;

- order of plates to be varied;
 - actual response of candidate to be recorded ie. the number they see or a dash if they see nothing.
- i. Pass is 3 errors or less
 - ii. Failure is more than 3 errors
 - iii. Candidates who pass this test meet the *Standard* without further colour vision testing

Record of Candidate's response:

Plate	2	3	4	5	6	7	8	9	10	11	12	13
Response*												

* record actual response for each plate or insert a – (dash) if they see nothing.

Number of errors	Meets Standard	Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------	----------------	------------------------------	-----------------------------

Farnsworth D15 testing

Candidates who fail the Pseudoisochromatic Plates test are to undergo *Farnsworth D15 testing*.

The Standard for Farnsworth D15 testing:

- A Pass is 0 or 1 crossing of the colour circle

- Minimum visual acuity required is 6/60.
- Results to be plotted on a colour circle.
- A Pass is 0 or 1 major crossing of the circle
- A Fail is 2 or more crossings of the circle.

Candidates who fail the Farnsworth D15 do not meet the *Standard* and do not undergo any further testing.

Please attach a copy of the Farnsworth D15 test to the back of this document.

Candidates who pass the Farnsworth D15 test are to undergo further assessment to determine if they have a Protan defect, using:

- Medmont C100 or;
- Medmont C100's equivalent, the Oscar Test; or
- An anomaloscope - Nagel, Neitz or other anomaloscope conducting a Rayleigh match.

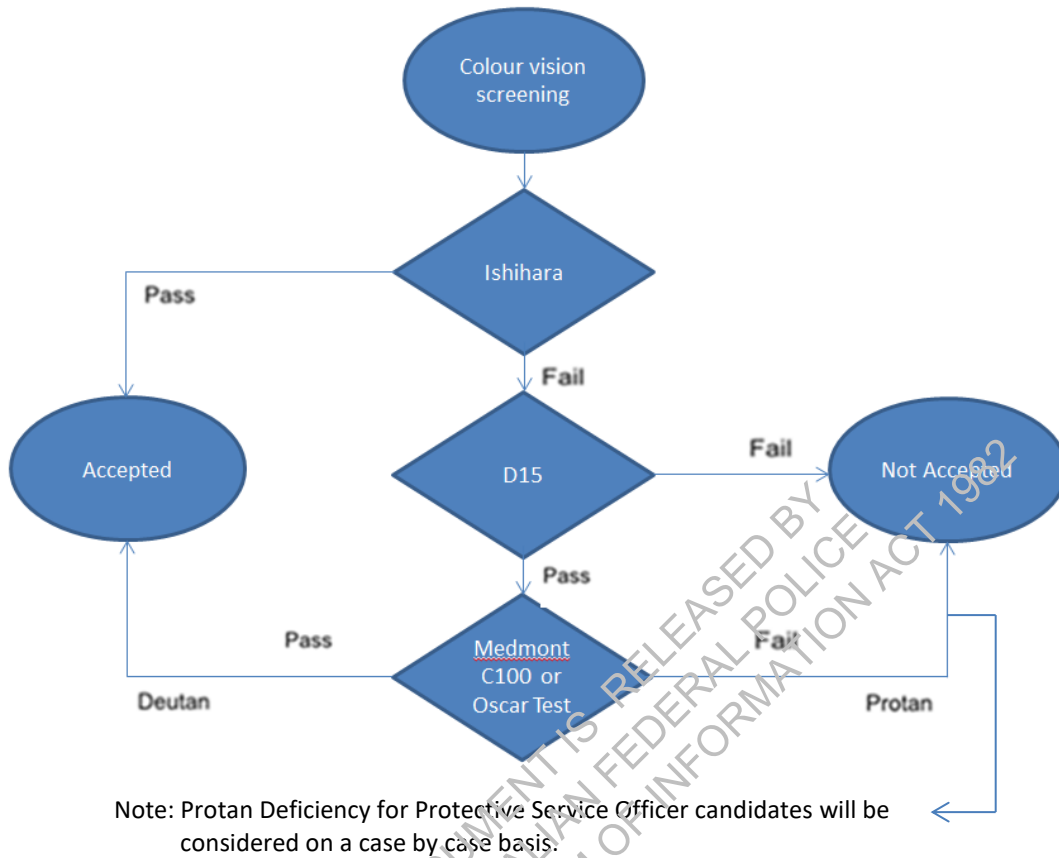
The reason for undergoing Farnsworth D15 before further assessment is that the D15 test is more readily available and a fewer number of candidates will require further assessment following D15 testing. If available, Medmont C100/Oscar Test/Anomaloscope can be undertaken prior to D15 testing.

Medmont C100 / Oscar Test / Anomaloscope

The Standard is:

- Candidates who pass Farnsworth D15 and are determined to have a Deutan defect meet the Standard.

Flowchart summary of process for colour vision testing.



Colour vision testing results

Colour vision: Normal Abnormal

If colour vision abnormal, colour vision deficiency was diagnosed as:

Protan deficiency

Mild to moderate Deutan deficiency

Severe Deutan deficiency

Other, specify _____

Comments on any abnormality detected or other relevant information

Has the candidate been referred to their GP for follow-up of any abnormality? Yes No

Has the candidate met all the Standards identified in this document? Yes No

Attachments:

Proof of identification Yes No

Farnsworth D15 test results Yes No

Other, please specify _____ Yes No

Optometrist Name

Optometrist Qualifications

Address

Phone contact

Signature

Practice stamp

Please provide the original completed document to the AFP's
contracted health service provider