



**Constable Selection System  
Hearing and Vision Requirements  
Updated January 2021**



## Constable Selection System

The Ontario Association of Chiefs of Police (OACP) are the current administrators of the pre-hire 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. You as the applicant 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 which includes (but not limited to) a psychological assessment. You may also be subjected to further hearing and vision assessments.** 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.

**You as the applicant may be disqualified due to the presence of any medical condition, treatment, limitation, or disease that will impact on 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**

Police Service which the applicant applies to will have the right to disqualify the applicant if the **hearing and vision standards are not met**. By completing this package, you are acknowledging as the applicant that you are aware and understand that the Police Services or Law Enforcement Agencies may disqualify you based on not meeting any of minimum hearing and vision requirements outlined in this package.

**You are to provide this form to the Police Service that you apply to. This form is valid for 2 years.**

## **Instructions for Applicant**

You are to **sign each individual form** that is required to be completed by **the eye care professional and audiologist**.

You are to **initial each line and sign** the applicant declaration, acknowledgment, and consent form at the end of this package.

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

## **Exemptions**

**Please note, applicants who reside in isolated communities may not 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 Professionals (Pertaining to Appendix A)

Dear Eye Care Professional;

The individual in attendance with you is currently in the pre-hire testing stage with the Ontario Associations of Chiefs of Police as an applicant to become a Police Constable 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 anyway.

The applicant is responsible for **payment of all fees for testing and completion of this medical package.**



## 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 acuity, then uncorrected visual acuity at least 6/12 (20/40) with both eyes open and

### 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 appropriate forms can be found at [www.oacpcertificate.ca](http://www.oacpcertificate.ca) in the “Guidelines for Optometrists/Ophthalmologists 2020”

### 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 appropriate forms can be found at [www.oacpcertificate.ca](http://www.oacpcertificate.ca) in the “Guidelines for Optometrists/Ophthalmologists 2020”

### Colour Vision

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 without any colour corrective (e.g. X-Chrom, Chromagen) lenses. Guidelines regarding further testing and appropriate forms can be found at [www.oacpcertificate.ca](http://www.oacpcertificate.ca) in the “Guidelines for Optometrists/Ophthalmologists 2020”

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

Assessed using a Goldmann equivalent size III target at a 10-decibel intensity. 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.



## Appendix A

### Vision Assessment Form

Does the applicant meet minimum vision requirements?

Meets Standard

Does Not Meet Standard

If the applicant did have Refractive Surgery over 6 months ago, (which includes Corneal and Intra-Ocular Lens Procedures) does the applicant have a history of the following:

Visible Corneal Haze

Cataracts

Night Vision Difficulties

If you as the applicant have a history of one of the following symptoms above OR; have had any form of refractive surgery within the past 6 months, you will be required to complete additional documents which can be found on [www.oacpcertificate.ca](http://www.oacpcertificate.ca) under the forms tab called “Guidelines for Optometrists/Ophthalmologists 2020”.

**Optometrist or Ophthalmologist information:**

Name (Vision Specialist): \_\_\_\_\_

Name of applicant being assessed: \_\_\_\_\_

Office Location: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
(Specialist's Signature)

\_\_\_\_\_  
(Date Assessed)

**Applicant:**

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date Signed)

***This form is valid for a period of 2 years commencing from the date it is signed***



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

Dear Audiologist or Hearing Instrument Practitioner

The individual in attendance with you is currently in the pre-hire 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.**

Candidates with hearing aids must meet the same screening criteria as those who do not use hearing aids.

### **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, requesting the report completed on the applicant.

The applicant is responsible for **payment of all fees for testing and completion of this medical package.**





## **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 Step 2.

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

Candidates who do not meet the Stage 1 criteria are evaluated with the headphone version of the QuickSIN. 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.

Candidates who fail this step must proceed to Step 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 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.



## Appendix B

### Hearing Assessment Form

Does the applicant meet minimum hearing requirements?

Meets Standard

Does Not Meet Standard

#### Hearing Specialist information:

Name (Hearing Practitioner): \_\_\_\_\_

Name of applicant being assessed: \_\_\_\_\_

Office Location: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date Assessed)

#### Applicant:

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date Signed)

***This form is valid for a period of 2 years commencing from the date it is signed***



## **Applicant Declaration, Acknowledgement, and Consent**

### **Initials**

\_\_\_\_\_ **I consent** to this information being provided to the Police Service I choose to apply to, for the purpose of pre-selection hiring.

\_\_\_\_\_ **I certify and acknowledge** that all the documents/materials included in this submission have been examined by me, and that the information provided is true and complete. I will furnish, upon request, all additional records and documents considered necessary by OACP to review this submission; and I consent to the conduct of any audit required to be performed on the corporation for certification purposes.

\_\_\_\_\_ **I acknowledge** that notwithstanding of the results in this medical form, I still may be disqualified by police services who may conduct further medical examinations during the hiring process to assess if any medical condition, ailment, or concern impedes my abilities to perform the essential duties of a police officer.

\_\_\_\_\_ **I consent** to the respective police service that I choose to apply to, will be allowed to contact the practitioner for clarification of the hearing and vision examination form above.

\_\_\_\_\_ **I hereby release** the OACP, TNT Justice Consultants., police services, and other law enforcement agencies in which I apply to from any and all liability and damages.

\_\_\_\_\_ **I further** hold harmless the OACP, TNT Justice Consultants, police services, and other law enforcement agencies whether direct or indirect of any legal indemnity that may arise during this application process.

\_\_\_\_\_ **I acknowledge** the cost of this examination and any other reports prepared are solely my responsibility.

\_\_\_\_\_ **I acknowledge the hearing and vision standards are considered bona fide** requirements of becoming a police officer in Ontario and the Police Service I choose to apply to, may screen me out of the process **if I do not meet the standards.**

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*(Signature of Applicant)*

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*(Date Signed)*



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**OACP Constable Selection System**

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