



APPENDIX "C"



CITY OF NORTH BATTLEFORD

FIRE DEPARTMENT

OPTOMETRIST'S CERTIFICATE

Name of Candidate _____

Date of Examination _____

I, _____, a duly qualified Optometrist, do hereby certify that I examined the above mentioned candidate.

I am satisfied that he/she meets the standard for a fire fighter.

- ✓ Color vision – Farnsworth D-15
- ✓ Visual acuity - minimum 20/30 each eye w/o correction
- ✓ Peripheral vision - 140° each eye w/o correction

Optometrist's Name (Please print)

Optometrist's Signature