

Eyesight Form for Ambulance Hazardous Area Response Team

Please take this form to your optician for completion, together with some form of photographic identity, and return it with your health screening form in your application.

(If time constraints do not allow for return of this form with your application you will be required to provide it before progressing further should you be short-listed).

PLEASE NOTE THAT THE APPLICANT MUST MEET ANY CHARGE INCURRED FOR THE COMPLETION OF THIS FORM.

This role incorporates emergency driving and transportation of the public and therefore it is a requirement of this Ambulance Service NHS Trust that you meet the DVLA group 2 guidelines (see attached). Because of the potential hazardous environments likely to be encountered, and the type of PPE required, contact lenses cannot be worn during operational duties.

Distance Vision:

6/9 in one eye 6/12 in the other eye

Intermediate Vision: N14 at 1m, each eye separately

| | | |
|--------------|----------------------|-----------------------|
| Name: | Telephone No: | Date of Birth: |
|--------------|----------------------|-----------------------|

For Optician's Use:
Snellen's Test or Equivalent

| | Right Eye | Left Eye | Binocular |
|----------------|-----------|----------|-----------|
| Unaided | 6/ | 6/ | 6/ |
| Aided | 6/ | 6/ | 6/ |

I certify: -

- That the visual acuity of the above named is within / not within the DVLA Group 2 standards outlined overleaf.
- The above named has undergone corrective eye surgery **Yes / No***
- I have examined evidence of identity e.g.
(a) Passport (b) Other ID with Photograph*

* Delete as appropriate

Signed (Optician): _____ Date: _____

This section must be signed in the presence of the optician

Signed (Applicant)

Optician's Stamp

