



Civil Service & Personnel
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Visual Acuity Statement – City of Hamilton Police Officer Applicants

(If glasses or contacts are worn, this form must be promptly submitted to the Civil Service Office directly from the physician)

Applicant/Patient's Name: _____

- **Corrected Vision: Both (OU)** _____
- **Uncorrected Vision: Both (OU)** _____

PATIENTS OF LASIK OR OTHER VISION CORRECTION SURGERY NEED THE FOLLOWING INFORMATION:

- Date of Surgery _____
- Is Correction Needed: YES NO
- Corrected Vision _____
- Uncorrected Vision _____

PHYSICIAN'S CERTIFICATION:

This visual acuity data is valid until (provide exp. date here): _____

Printed Name of Physician/Authorized Representative: _____

Signature of Physician/Authorized Representative: _____ Date: _____

Physician Phone Number: _____

Physician Fax Number: _____