

OPTOMETRY QUESTIONNAIRE

Fill out right side completely even if you do not wear glasses. These questions help us understand your eye health & vision needs prior to deployment.

(THIS FORM IS SUBJECT TO THE
PRIVACY ACT OF 1974 -
Use DD Form 2005.)

EYEWEAR PRESCRIPTION		DATE	ACCOUNT NUMBER	ORDER NUMBER
TO: (Lab)			FROM:	
NAME (Last, First)			DoD ID Number	GRADE
ADDRESS			PHONE	
ADDRESS CONTINUED			SHIP TO: <input type="checkbox"/> CLINIC <input type="checkbox"/> PATIENT	
CITY, STATE, ZIP				
AD	RES	NG	RET	OTHER
A	N	AF	MC	CG
PHS	OTHER*			
FRAME	EYE	BRIDGE	TEMPLE	COLOR
PD	DIST	NEAR	LENS	TINT
			MATERIAL	PAIR
			CASE	
	SPHERE	CYLINDER	AXIS	DECENTER
				H PRISM
				H BASE
				V PRISM
				V BASE
MULTIVISION				LAB USE
	NEAR ADD	SEG HT	TOTAL DECENTER	
				PRIORITY
				TECH INITIALS
SPECIAL COMMENTS/JUSTIFICATION (*Use this space to specify blocks marked "Other.")				
PRESCRIBING OFFICER/AUTHORITY				
SIGNATURE				

DISTRIBUTION: ORIGINAL - Retained by Lab. COPY 1 - Returned with eyewear. COPY 2 - Entered in health record.

DD FORM 771, JUL 96

PREVIOUS EDITION IS OBSOLETE.

IF THIS FORM IS NOT PROPERLY COMPLETED AND SUBMITTED TO OUR MEDICAL TEAM A MINIMUM OF 15 DAYS PRIOR TO YOUR ARRIVAL, YOUR DEPARTURE WILL BE DELAYED. IT TAKES A MINIMUM OF 10 DAYS FOR EYEWEAR TO ARRIVE. PER CENTCOM, SOUTHCOM, EUCOM, AND AFRICOM GUIDANCE, YOU WILL NOT BOARD THE AIRCRAFT TO DEPART INDIANA UNLESS YOU HAVE 2 SETS EYEGLASSES, BALLISTIC EYEWEAR, AND PROTECTIVE MASK INSERTS IN HAND.

1. Do you wear glasses for (you must check one):

DISTANCE **NEAR** **CHEATERS/READERS** **BIFOCAL** **NONE**

(IF NONE skip to #3) If you currently use over the counter reading glasses to see up close OR if you wear glasses for distance yet take your glasses off to see up close you will be required to see an optometrist for a bifocal prescription. The reason for this is that we will be issuing you inserts as REQUIRED equipment that when worn do not allow for removal or addition of eyeglasses. You must be able to see better than 20/40 for both distance and near at the same time.

2. Do you have 2 pair of glasses to deploy with? Yes No

You MUST deploy with two pair

a. **IF NO**, would you like your second pair to be **Clear** or **Tinted**

3. Do you have UPLC or M50 inserts with your current prescription? Yes No

NOTE: Whether you have two pair of glasses or not, your optometry staff are REQUIRED to complete the Frame Size (Eye, bridge, temple) and Pupillary Distance (PD) info located on the DD 771

4. Have you had or do you currently have any of the following?

a. Eye surgery? Yes No (Type & date of surgery)

b. Eye condition? Yes No (Type & date of eye condition)

c. Eye disease/infection? Yes No (Type & date)

d. Eye injury? Yes No (Date & please explain)

e. Current eye pain? Yes No (Please explain)

f. Taking eye medication? Yes No (Please explain)