

# 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					
R	SPHERE		CYLINDER	AXIS	DECENTER	H PRISM	H BASE	V PRISM	V BASE					
L														
MULTIVISION					LAB USE									
NEAR ADD		SEG HT	TOTAL DECENTER			PRIORITY							TECH INITIALS	
R														
L														
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.														

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      BI FOCAL      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)