

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			
R											
L											
MULTIVISION				LAB USE							
	NEAR ADD	SEG HT	TOTAL DECENTER								
R											
L					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PREVIOUS EDITION IS OBSOLETE.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:

DISTANCE NEAR CHEATERS/READERS BIFOCAL NONE

(IF NONE skip to #4) 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? **Yes** **No**

a. **IF NO**, your optometry staff are **REQUIRED** to complete the Frame Size sections: Eye, Bridge, Temple, and PD (Pupillary Distance) on DD Form 771

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

3. Do you have protective mask or ballistic inserts with your current prescription?

Yes **No** (In order to deploy you must have them in hand on medical day)

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

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

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

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

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

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

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