

VISION SURVEY

Form Approved -
OMB No. 0702-0052
Expires: 7/1/00

PART I

1. Name of Candidate _____ Sex: _____
 SSN: _____
2. Date of Last Complete Eye Examination (Other than USMA Application Physical Exam): Month _____ Year _____
3. Are glasses or contact lenses required for clear or comfortable vision? Yes No
 (If YES checked, you are urged to have PART II completed by your Eye Physician or Optometrist.)

PART II

4. Spectacle Prescription
 (in Minus Cylinder Form)

SPHERE	CYL	AXIS	PRISM	ADD	DIST VA
					20//
					20//

5. Actual/Estimated
 Plastic Frame Size

PD	EYE	BRIDGE	TEMPLE

6. Remarks _____

Signature & Title of Examiner _____ Address _____ Date of Exam _____

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0702-0052), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN this form to the above address. Return completed form to USMA, Admissions Office, Official Mail and Distribution Center, 646 Swift Road, West Point, NY 10996-1905. PRIVACY ACT STATEMENT AUTHORITY: Title 5 USC, Ch 301; Title 10 USC, Ch 403 Sec 4346, Ch 503, Ch 505 Sec 5031, Ch 802 Sec 5958; Title 44 USC 3101; EO 9397. PRINCIPLE PURPOSE: Collection of data on Academy candidate in order to make sure file has been completed. DISCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointment. ROUTINE USE: To aid in the inprocessing of cadets.
 USMA Form 5-490 1 Aug 87 (Rev Sep 2003)

6

Please fold the bottom of this card up to protect your personal information. Tape at the top and mail. Thank you for your assistance.

INSTRUCTIONS FOR COMPLETION OF VISION SURVEY FORM USMA FORM 5-490 (above)

Part I. You must complete all items in this section whether or not you wear eyeglasses or contact lenses.
Part II. Your Optometrist or Eye Physician must complete all items in this section so the West Point Eye Clinic can order two pairs of military glasses for you prior to your arrival.

SPECIAL INSTRUCTIONS TO EYE DOCTOR

Item 4. Even if your patient wears contact lenses full or part time, please complete the eyeglass prescription in MINUS cylinder form which provides the best full-time wear distance visual acuity.

Item 5. The frame to be provided at West Point will be a medium weight, brown plastic frame with keyhole bridge. It is S-10 shape (10mm difference between vertical and horizontal lens dimensions.) If patient presently wears a frame of a different style, write in the actual or estimated plastic frame size. Be sure to include PDI Standard base curves will be ordered unless otherwise specified.

THIS FORM SHOULD REACH USMA NOT LATER THAN THE THIRD FRIDAY IN MAY. LATE APPOINTEES, MAIL AS SOON AS POSSIBLE.

DETACH ONLY AFTER USMA FORM 5-490 HAS BEEN COMPLETED BY YOUR EYE DOCTOR.

MCUD (OPTOMETRY CLINIC)
UNITED STATES MILITARY ACADEMY
OFFICIAL MAIL AND DISTRIBUTION CENTER
46 SWIFT ROAD
WEST POINT, NY 10996-1905

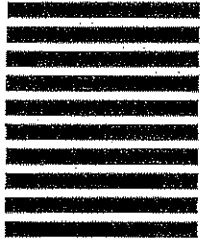


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