



Peace Corps

COVER PAGE: Eyeglass Form

The Peace Corps Office of Medical Services strongly discourages Volunteers from wearing contact lenses while serving overseas, unless there is a medical reason documented by an ophthalmologist. Contact lenses, including extended wear soft contacts, are associated with a variety of eye infections and other inflammatory problems. One of the most serious problems is infectious keratitis, which can lead to severe cornea damage and could result in permanent blindness requiring a corneal transplantation. The risk of permanent eye damage is heightened in the Peace Corps environment where there is limited access to sterile water or proper storage conditions for cleaning solutions. In addition, when bacterial eye infections occur, immediate assessment and treatment by an ophthalmologist is not possible. If you must wear your contacts occasionally, please consider using single use, daily disposable lenses that do not require cleaning.

Burden Statement:

Public reporting for this collection is estimated to be 120 minutes per applicant. this estimate includes the time for reviewing the instructions and completing the collection of information. An agency may not conduct or sponsor, and person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden, to: FOIA Officer, Peace Corps, 1111 20th Street, NW, Washington, DC 20526 Attn: PRA (0420-xxxx). Do not return the completed for to this address.



Name (Print) _____ Date / /

Social Security Number _____

INSTRUCTIONS: This form will be used to replace the Volunteer's glasses should anything happen to them during service. Please provide the following information.

The prescription will be filled stateside without the Peace Corps Volunteer being present.

1 FRAME MEASUREMENTS ALL BLANKS MUST BE COMPLETED WITHOUT EXCEPTION

Eye Size _____ Bridge Size _____ Temple (Total) Length _____ Pupillary Distance _____

2 LENS INSTRUCTIONS FILL IN ALL APPLICABLE INFORMATION

	Sph.	Cyl.	Axis	Prism	Base	In	Dec.	Out
Dist. R	_____	_____	_____	_____	_____	_____	_____	_____
L	_____	_____	_____	_____	_____	_____	_____	_____

<input type="checkbox"/> N/A	Sph.	Seg. Height	Seg. Width	Seg. Inset	Total Inset and Dec.
Add for Reading R	_____	_____ MM.	_____ MM.	R _____ MM.	R _____ MM.
L	_____	_____	_____	L _____ MM.	L _____ MM.

<input type="checkbox"/> N/A	Sph.	Cyl.	Axis	Prism	Base	Dec.
Total Reading R	_____	_____	_____	_____	_____	_____
L	_____	_____	_____	_____	_____	_____

3 TYPE OF LENS (Check one only)

Bifocal Flat Top Executive

Trifocal Single Vision

Peace Corps cannot replace progressive lenses

4 GROSS VISION

Uncorrected Corrected to

Right 20/____ Right 20/____

Left 20/____ Left 20/____

Binocular (both eyes) 20/____

5 SPECIAL INSTRUCTIONS BY PRESCRIBER

Signature of Prescriber _____	Date _____
Title of Prescriber _____	Phone _____
Address of Prescriber _____	City _____ State _____

TO BE COMPLETED BY PEACE CORPS STAFF

Account Number _____	Country _____
Style of Frame _____	Catalogue No. _____ Color _____

Privacy Act Notice: Authority to request this information is the Peace Corps Act 22 U.S.C. § 2501 et seq. This information will be used to fill eyeglass prescriptions, and is maintained in the Volunteer's Peace Corps medical file. This information may be used for the routine uses described in the Privacy Act, 5 USC 552a, and in the Federal Register at 65 Fed. Reg. 53,722 (September 5, 2000) and 50 Fed. Reg. 1950, 1962 (January 14, 1985) regarding Peace Corps system of records PC-17 (Volunteer records). Disclosure is voluntary, but failure to provide the information will prevent the prescription from being filled.