

Applicant Name \_\_\_\_\_

(Last, First, Middle Initial)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Medical Case Number: \_\_\_\_\_  
(Mo/Day/Year)

**Eyeglass Prescription  
& Measurement**  
OMB No.: 0420-0550  
Expiration Date: 1/31/2014

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## EYEGLOSS PRESCRIPTION & MEASUREMENT

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.

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### Privacy Act Notice

This information is collected under the authority of the Peace Corps Act, 22 U.S.C. 2501 et seq. It will be used primarily for the purpose of determining your eligibility for Peace Corps service and, if you are invited to serve as a Peace Corps Volunteer, for the purpose of providing you with medical care during your Peace Corps service. Your disclosure of this information is voluntary; however, your failure to provide this information will result in the rejection of your application to become a Peace Corps Volunteer.

This information may be used for the purposes described in the Privacy Act, 5 USC 552a, including the routine uses listed in the Peace Corps' System of Records. Among other uses, this information may be used by those Peace Corps staff members who have a need for such information in the performance of their duties. It may also be disclosed to the Office of Workers' Compensation Programs in the Department of Labor in connection with claims under the Federal Employees' Compensation Act and, when necessary, to a physician, psychiatrist, clinical psychologist or other medical personnel treating you or involved in your treatment or care. A full list of routine uses for this information can be found on the Peace Corps website at <http://multimedia.peacecorps.gov/multimedia/pdf/policies/systemofrecords.pdf>.

### Burden Statement:

Public reporting burden for this collection of information is estimated to average 60 minutes per applicant and 15 minutes per physician per response. This estimate includes the time for reviewing instructions and completing the collection of information. An agency may not conduct or sponsor, and a 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 estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: FOIA Officer, Peace Corps, 1111 20th Street, NW, Washington, DC 20526 ATTN: PRA (0420 - 0550). Do not return the completed form to this address.



## Prescription for Eyeglasses

**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
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### 2 Lens Instructions

Fill in all applicable information.

	Sph.	Cyl.	Axis	Prism	Base	Dec.	
						in	out
Dist. R L							

N/A	Sph.	Seg. Height	Seg. Width	Seg. Inset	Total Inset and Dec.
Add for Reading R L	R	MM.	MM.	R      MM.	R      MM.
	L			L      MM.	L      MM.

	Sph.	Cyl.	Axis	Prism	Base	Dec.	
						in	out
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/\_\_\_\_\_ Right 20/\_\_\_\_\_

Binocular (both eyes) 20/\_\_\_\_\_

### 5. Special Instructions by Prescriber

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Medical Case Number:

Signature of Prescriber \_\_\_\_\_ Date \_\_\_\_\_

Title of Prescriber \_\_\_\_\_ Phone \_\_\_\_\_

Address of Prescriber \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

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To be completed by Peace Corps Staff

Account Number \_\_\_\_\_ Country \_\_\_\_\_

Style of Frame \_\_\_\_\_ Catalogue No. \_\_\_\_\_ Color \_\_\_\_\_

