



Peace Corps

Applicant Name (Last, First) _____ Date of Birth (M/D/Y): _____

Eyeglass Replacement: Prescription & Measurement

Please complete this form, which will be used in the event replacement glasses are needed during Peace Corps service. A prescription may be filled without the Peace Corps Volunteer being present.

1. Frame measurements All blanks must be completed without exception

Eye Size	Bridge Size	Temple Length (Total)	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		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

4. Gross vision

Uncorrected Corrected to
 Right 20/____ Right 20/____

Left 20/____ Left 20/____

Binocular (both eyes)
 20/____

PRIVACY ACT NOTICE

Authority: This information is collected under the authority of the Peace Corps Act, 22 U.S.C. 2501 et seq.

Purpose: It will be used primarily for the purpose of determining your eligibility for Peace Corps service and, if you are invited to service as a Peace Corps Volunteer, for the purpose of providing you with medical care during your Peace Corps service.



Routine Uses: This information may be used for the routine uses described in the Privacy Act, 5 U.S.C. 552a(b), and the [Peace Corps' Routine Uses A through N](#), as listed on the Peace Corps' Privacy Program webpage, and listed in System of Records PC-17, "Volunteer Applicant and Service Records System." 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, licensed clinical social worker or other medical personnel treating you or involved in your treatment or care.

Applicable SORN: System of Records PC-17, Volunteer Applicant and Service Records System.

Disclosure: Your disclosure of this information is voluntary; however, your failure to provide this information or failure to disclose relevant information may result in the rejection of your application to become a Peace Corps Volunteer.

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, 1275 First Street, NE, Washington, DC, 20526 ATTN: PRA (0420-0550). Do not return the complete form to this address.

Special instructions by prescriber

Signature of Prescriber _____ Date _____

Title of Prescriber _____ Phone _____

Address of Prescriber _____

