

**REPORT OF MEDICAL EXAMINATION/TREATMENT - VISUAL ACUITY**

For use of this form, see USMEPCOM Reg 40-1

**FOR OFFICIAL USE ONLY**

TO: (Applicant's physician,  
ophthalmologist, or optometrist)

FROM: (Name of applicant)

Date:

I have applied to join the Armed Forces of the United States. I cannot do so until my latest visual/eye examination results are made available to the Military Entrance Processing Station (MEPS) physician. You have records that will help me provide the necessary information. It is my responsibility to obtain accurate information about significant items in my medical history. Before I can join, I need information about my **eye examination, refraction, and visual acuity**. I authorize you to release to the MEPS a complete transcript of my medical records for purposes of further evaluation of my medical acceptability under the military medical fitness standards. I have also signed DD Form 2005, Privacy Act Statement - Health Care Records, which serves as the authority for collection of my social security number on this form.

Signature of Applicant

Applicant's Social Security Account Number

The following information is to be obtained by the examinee at no cost to the Government for use by the MEPS physician who has examined him/her:

Date of examination \_\_\_\_\_

DISTANT VISION		SPECTACLE Rx			NEAR VISION		
UNAIDED	AIDED	SPHERE	CYLINDER	AXIS	UNAIDED	AIDED	ADD
OD 20 /	20 /				20 /	20 /	
OS 20 /	20 /				20 /	20 /	

EYE PATHOLOGY, if any \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Doctor's name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Doctor's signature \_\_\_\_\_

Address \_\_\_\_\_

Please mail the completed form in the enclosed envelope.