DDMMMYY_____ **NAMI EYE DEPT** CYCLO Time @_____

Reason for Visit : Screening Eye Exam

Family Ohx:

Past Ohx:

Addn'l Exams Requested	Complete
☐ TOPO	☐
☐ HVF	☐
☐ PHOTOS	☐
☐ Wavescan/25% LCVA	☐
☐ Autorefraction	☐
☐ _____	☐

DISTANT VISION

OD 20/	CORR TO 20/
OS 20/	CORR TO 20/

UNCORRECTED DVA MISSES - GOODLITE

DATE/INT		20	30	40		
	OD					
	OS					

NEAR VISION

OD 20/	CORR TO 20/
OS 20/	CORR TO 20/

Spectacle Order

Frame	
ADD	PD: mm

NCT OD	@____
NCT OS	

L	OD	CORR TO 20/
	OS	CORR TO 20/
M	OD	CORR TO 20/
	OS	CORR TO 20/
C	OD	CORR TO 20/
DATE	OS	CORR TO 20/

PRK / LASIK **WR / WG**

Other Eye Waivers:

Field of Vision:

Night Vision:

Cover Test:

Versions:

Anterior Segment

Norm		AbN
☐	Lids	☐
☐	Conj	☐
☐	K	☐
☐	Angle	☐
☐	AC	☐
☐	Iris	☐
☐	Lens	☐

Post Segment

☐ **Undilated** ☐1% T ☐2.5% P ☐1% C

Norm		AbN
OD____	C/D Ratio	____OS
☐	ONH	☐
☐	Macula	☐
☐	Vessels	☐
☐	Periphery	☐

Color: PIP: /14
FALANT: /9
/18
CCVT: norm/mild/mod/sev
Protan / Deutan / Tritan

Depth: AFVT:
RANDOT:

Titmus:

Phorias: ES EX RH LH

Describe Abnormal Findings Below:

DX:

☐ **Emmetropia** ☐ **Ametropia** ☐ **S/P PRK** ☐ **S/P LASIK**

☐ PQ _____ ☐ NPQ_____WR/WG

☐ **Recommend Continuance of Waiver**

☐ Corrective Lenses Required for Duty ☐ Carry Extra Pair

SERVICE	PROGRAMS	EXAMINER (Sign/Stamp):
☐ USN ☐ USMC ☐ USCG ☐ USAF ☐ USA ☐ Foreign ☐ CIV **Rank:**	☐ SNA ☐ SNFO ☐ Air Crew ☐ Air Traffic Control ☐ Other:	
Full SSN		
NAME (LAST, FIRST, MI)	Cell Phone	

NAMI 6490/3 (10-11)