

REFRACTIVE KERATOPLASTY QUESTIONNAIRE

Dear Doctor:

Your patient, _____, is applying for a position with the Federal Bureau of Investigation. The position is physically demanding and may require the individual to be involved in physical altercations, strenuous physical activity, the use of defensive tactics, or the use of firearms in the performance of their duty. The performance of such duties requires good vision to help ensure the safety of the individual or others. Your patient has given a history of having had some type of refractive keroplasty procedure which may affect his/her ability to perform these functions. Please complete the following questions so we may be better able to assess your patient's ability to carry out the duty and functions of the position they are applying for with the FBI.

1. What type of procedure has your patient had? (be specific)
2. When was the procedure performed? Surgical type? Laser type?
3. Were incisions made in the cornea and if so, how many and where?
4. Is there corneal scar tissue present?
5. Are there any complaints of, or evidence for problems with glare, halos, ghost images, or difficulty with night vision?
6. Is there any evidence of refractive instability?
7. Are there any complaints or problems with the "quality" of vision?
8. Would you record results of visual acuity, contrast sensitivity and disability glare tests according to protocol endorsed by the American Society of Cataract & Refractive Surgery at least (6) months post RK or PRK surgery?
9. What is the uncorrected and corrected distant and near vision acuity in each eye in using both eyes?
10. As a result of the procedure, is there an increased risk of disruption of the cornea secondary to trauma? Is so, how would you describe the risk (high, moderate, low, negligible)?
11. Has the patient's vision stabilized? If not, what changes have you observed, and when do you expect the vision to be stable?

Is there any additional information you have pertinent to this individual that may be useful to the FBI in making determination of ability?

Ophthalmologist signature/Date

Name printed

Board Certified?

Telephone Number

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