

Visual Acuity 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 borderline visual acuity, 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. Uncorrected distant vision and near vision in each eye?
2. Corrected distant vision and near vision in each eye?
3. How is the vision corrected? - By contact lenses, glasses, etc?
4. What test did you use to reach your conclusion?
5. Has surgery been performed? If yes, what type? (Please be specific)
6. Are there any complaints or problems with the "quality" of vision?
7. Does applicant have an eye disease?
8. Does applicant have any color vision deficiencies? If so, indicate type, severity, and test given to reach your conclusion.

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

Ophthalmologist signature/date

Board Certified Y___ N___

Printed Name and date

Telephone: _____

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TO BE USED WITH U. S. DOT/FAA FORM: OMB No. 2120-0034