



# United States Department of the Interior

## NATIONAL PARK SERVICE UNITED STATES PARK POLICE

Headquarters  
1100 Ohio Drive, S.W.  
Washington, D.C. 20024

IN REPLY REFER TO:

Dear Applicant;

You have a history of refractive surgery. Have an ophthalmologist or optometrist respond to the following questions no sooner than three months after LASIK, six months after PRK or ALK, and one year after RK.

Name of Patient: \_\_\_\_\_ DOB \_\_\_\_\_

A. Type of procedure performed: \_\_\_\_\_

Date:

B. Does the examinee have any complaints of:

Difficulty with glare, halos, starbursts, or night vision?  [

Difficulty distinguishing objects at a distance?  [

Persistent dryness or eye irritation/pain?  [

C. Post surgical uncorrected visual acuity:

Near: OS: 20/\_\_\_\_ OD: 20/\_\_\_\_ OU: 20/\_\_\_\_

Far: OS: 20/\_\_\_\_ OD: 20/\_\_\_\_ OU: 20/\_\_\_\_

Post surgical corrected visual acuity:

D. Examination findings – Is there any evidence of:

Reduced contrast sensitivity?  [

Reduced visual acuity in low light?  [

Reduced visual performance in glare?  [

Corneal scarring?  [

Corneal folds/buckling?  Yes  No  [  ]

Instability of visual acuity?  Yes  No  [  ]

E. When compared to the general population, is there an increased

risk of corneal rupture?  Yes  No  [  ]

F. Are there any contraindications for exposure to pepper spray?

Yes  No  [  ]

G. Are there any contraindications for performance of law

enforcement duties including strenuous physical activity, use of firearms, or involvement in physical altercations?  Yes  No  [  ]

Please provide details regarding all positive responses: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name & Signature of Examiner

\_\_\_\_\_  
\_\_\_\_\_

Office Address and Phone Number

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_