

U. S. Naval Academy Candidate Glasses Prescription Form

(Required for all candidates who wear glasses or contact lenses.)

Candidate Information:

Name (Last, First MI):	
Social Security Number (required): - -	
Sex: Male Female	Phone #:

Glasses Prescription (To be completed by a licensed eye care provider):

Pupil Distance (PD): BILATERAL OU		mm	Date of exam:		
	SPH	CYL	AXIS	PRISM	Eye care provider's signature & license number (including state):
OD:					
OS:					

Instructions:

1. Fill out the form completely (including FULL social security number). Have your eye care provider complete the "Glasses Prescription" section.
2. Return this form by either fax or e-mail no later than May 12, 2023:
 - Fax to: 410-293-1131
 - OR
 - Scan and email to:
USN.PlebeGlasses@health.mil
(In the email subject line please type: "Plebe Glasses Order")
3. For questions about this form contact the USNA Optometry Dept. at 410-293-3617.

Important Information For Contact Lens Wearers:

- DO NOT WEAR CONTACT LENSES ON I-DAY.
- You cannot wear contact lenses or civilian glasses at all during Plebe Summer.
- This form will be used to issue military spectacles for use during Plebe Summer. After Plebe Summer is over you can resume wearing contact lenses and/or civilian glasses that meet Navy uniform regulations. If you want to wear contact lenses you must bring your own supply (the Navy does not provide them for you).