

# STATEMENT OF WEARING OF CONTACT LENSES

## Privacy Act Statement

**Authority:** The authority to request this information is contained in: 5 USC § 301 (Authorizing Forms and Regulations); and 10 USC, Subtitle A, Part III, Ch. 103 (Senior ROTC).

**Principal Purpose(s):** Completed as a part of the Aviation pre-commissioning physical; to evaluate eligibility to be a Naval Aviator.

**Routine Use(s):** Information you provide in this application is protected by the Privacy Act and will not be released outside the Department of Defense without your permission unless it comes within an exception to the Act or one of the routine uses in 32 CFR § 701.112, accessible at <http://www.privacy.navy.mil>.

**Disclosure:** Failure to provided the requested information may cause the subject to be ineligible for commissioning as a Naval Aviator.

I certify that:

Yes

No

I wear contact lenses.

I have worn contact lenses.

I am aware that my vision is or has been worse than 20/20

I have had corrective eye surgery

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE