



First Name: _____ Last Name: _____ HAS ID: _____

Event Date: ____/____/____ Date of Birth (mm/dd/yyyy): ____/____/____ Age (years): _____

Event Location (City, State/Province or Country): _____ Delegation/SO Program: _____

Gender: Female Male Prefer not to answer Cell Phone: _____ Number is: Athlete's Parent's/Guardian's

Prescription Eyewear

Multi-Focal	Near
Distance	Plano Sunglasses (only if no Distance Rx recommended)
Dress	
Sport (contact sport only) - Rx Ranges: (+/-14.00 Sph, 4.75 Cyl)	Plano Sport Goggles (only if no Distance Rx recommended & participates in contact sports)
Swim (if available/swim team only) - Rx Ranges: (+8.00, -10.00 Sph, 6.00D Cyl)	

Rx #1

Dress	Sport (distance – contact sport only)
Multi-Focal (FT-28)	Plano Sport Goggles
Other (Briefly describe medical necessity): _____	(only if no Distance Rx recommended & participates in contact sports)
Distance	
Near	

Prescription

	Sphere	Cylinder	Axis	Horizontal Prism	Base	Vertical Prism	Base	Add
Right Eye								
Left Eye								

Measurements						Lens Material		
	Monocular Distance PD	Monocular Near PD	Seg Ht.	Ocular Center	Base Curve	Polycarbonate	CR-39 (Plastic)	Aspheric
Right Eye						Lens Treatment: _____		
Left Eye						Briefly describe medical necessity: _____		

Frames

Manufacturer:	Brand:	Model:	Color:
Eye Size:	DBL:	Temple Length:	Type: Metal Zyl (plastic) Groove
Fabrication Location: On-Site (mm/dd/yyyy): _____		Sent to Lab CLTL (US)	

Rx #2

Dress:	Distance	Near	Sport (distance contact sport only) - Rx Ranges: (+/-14.00 Sph, 4.75 Cyl)
			Plano Sport Goggles (only if no Distance Rx recommended & participates in contact sports)

Prescription

	Sphere	Cylinder	Axis	Horizontal Prism	Base	Vertical Prism	Base
Right Eye							
Left Eye							

Measurements					Lens Material		
	Monocular Distance PD	Monocular Near PD	Ocular Center	Base Curve	Polycarbonate	CR-39 (Plastic)	Aspheric
Right Eye					Lens Treatment: _____		
Left Eye					Briefly describe medical necessity: _____		

Frames

Manufacturer:	Brand:	Model:	Color:
Eye Size:	DBL:	Temple Length:	Type: Metal Zyl (plastic) Groove
Fabrication Location: On-Site (mm/dd/yyyy): _____		Sent to Lab CLTL (US)	

Rx #3							
Dress: Distance Near			Sport (distance contact sport only) - Rx Ranges: (+/-14.00 Sph, 4.75 Cyl) Plano Sport Goggles (only if no Distance Rx recommended & participates in contact sports)				
Prescription							
	Sphere	Cylinder	Axis	Horizontal Prism	Base	Vertical Prism	Base
Right Eye							
Left Eye							
Measurements				Lens Material			
	Monocular Distance PD	Monocular Near PD	Ocular Center	Base Curve	Polycarbonate	CR-39 (Plastic)	Aspheric
Right Eye					Lens Treatment: _____		
Left Eye					Briefly describe medical necessity: _____		
Frames							
Manufacturer:		Brand:		Model:		Color:	
Eye Size:		DBL:		Temple Length:		Type: Metal Zyl (plastic) Groove	
Fabrication Location:		On-Site (mm/dd/yyyy): _____		Sent to Lab		CLTL (US)	

Rx #4							
Swim Goggle (distance only) - Rx Ranges: (+8.00, -10.00 Sph, 6.00D Cyl) - <i>Athletes participating in swimming sports are eligible to receive swim goggles, if available.</i>							
Prescription							
	Sphere	Cylinder	Axis	Horizontal Prism	Base	Vertical Prism	Base
Right Eye							
Left Eye							
Measurements				Lens Material			
	Monocular Distance PD				Polycarbonate	CR-39 (Plastic)	Aspheric
Right Eye				Lens Treatment: _____			
Left Eye				Briefly describe medical necessity: _____			
Frames							
Manufacturer:		Brand:		Model:		Color:	
Eye Size:		Fabrication Location:		On-Site (mm/dd/yyyy): _____		Sent to Lab CLTL (US)	