

From: Commanding Officer

To: Head, Optometry Department, 13 ABMC, Naval Hospital Camp Pendleton, CA

Subj: AUTHORIZATION FOR CONTACT LENS EVALUATION AND ISSUE, CAPT JOHN SMITH,
USMC, 123-45-6789

Ref: (a) CMC R130005Z OCT 92 USMC Aviation Contact Lens Policy
(b) BUMED P111510 Dec 96 BUMED Operational Contact Lens Policy

1. Per references (a) and/or (b), contact lenses are mission essential for CAPT John Smith through involvement in frequent flight operations with night vision devices. (*protective eye equipment, diving mask, helmets etc for special warfare*)

2. I am aware of the program requirements as outlined in reference (a) and/or (b) and give my permission for the above named individual to be evaluated for participation in this program.

Rank	First MI Last	PRD	SSN
_____	_____	_____	_____

Signature
(commanding officer)