FOLLOW

DIOCESE OF SAN BERNARDINO · OFFICE OF VOCATIONS

Ophthalmological Evaluation

CONFIDENTIAL

STEP 1
Write your name at the top.

STEP 2
Give this form to your ophthalmologist or optometrist at your eye exam.

STEP 3
Your eye doctor mails it straight to the Vocations Office.

Applicant

COMPLETED BY THE APPLICANT

Applicant's full name

Date of birth

Eye examination

COMPLETED BY THE OPHTHALMOLOGIST OR OPTOMETRIST

> The above-named individual is applying for admission to a program of priestly formation for the Diocese of San Bernardino. Please record the results of your examination below. This information is strictly for the use of the Diocese and will not be released without the applicant's consent. Thank you.

Visual acuity

	RIGHT EYE	LEFT EYE
Uncorrected Vision		
Best Corrected Visual Acuity		

Is there any evidence of ocular disease that would be chronic, progressive, or require frequent treatment or surgery?

☐ Yes ☐ No

If yes, please explain:

Is there any limitation of vision that would preclude the applicant's performance of college level near tasks?

☐ Yes ☐ No

If yes, please explain:

Examiner

Name of ophthalmologist or optometrist

Phone

Practice address

Signature of ophthalmologist or optometrist

Date

EYE DOCTOR: PLEASE MAIL THE COMPLETED FORM TO

Office of Vocations · Diocese of San Bernardino
12716 Oriole Ave., Grand Terrace, CA 92313

Prefer to fill it in online?
form.jotform.com/252446582334055