

Quality of Vision Questionnaire

For class 2 aviation duty following corneal refractive surgery (CRS)

Read the questions carefully and answer truthfully. Concealment of medical history shall be reported to higher authority and may result in permanent disqualification. Each positive response for items 1-4 or negative response to item 5 requires elaboration by a flight surgeon or eye care provider. If symptoms are corrected by spectacle wear, note this and record the prescription used. Waiver recommendation after CRS for aviation duty requires compliance with the appropriate Class II visual standards AND freedom from significant visual symptoms. If these conditions are achieved only with corrective eyewear, then updated spectacles shall be worn for all aviation duty.

1. When you read brightly illuminated road signs at night, do you have **any problems with hazy vision?**

YES NO

2. Do you have **any problems with glare or halos** from oncoming headlights at night?

YES NO

3. Do you have **any problems** seeing because of **double vision or ghost images?**

YES NO

4. Do you have **any problems** seeing people or things at **twilight?**

YES NO

5. Do you have **confidence** in your visual ability to perform your aviation duty?

YES NO

Respondent's signature: _____ Date: _____

Item Block Comment

Provider signature and identification: _____

RESPONDENT IDENTIFICATION

Name: Last _____ First _____ M.I. _____

SSN: _____