

VISION ACCOMMODATION REQUEST

1. Applicant Name (Last, First, Middle)	2. Birth Date (Mo./ Day/Year)
3. Department	
<u>Eye and Vision Accommodation</u> <u>This applicant</u> exceeds minimum standards for uncorrected Distant vision: > 20/100 as tested on Section 1.1, page 12, of Medical form LEA-3. Agency must attest below to requiring the officer to wear corrective lenses at all times while functioning in an official capacity in the performance of their law enforcement duties.	
I, _____ certify that _____ Please type or print Department Head Applicant	
As a member of this agency will wear corrective lenses at all times while in the official performance of their duties.	
Department Head Signature _____	
State of New Mexico } County of _____}SS	
On this _____ day of _____, _____, before me personally appeared _____ known to me to be the person whose name is subscribed Department Head	
to the above instrument and acknowledged the same to be his/her own free act and deed.	
Notary Public _____ My commission expires: _____	
(SEAL)	

MEDICAL FORMS (DISTANT VISION)