

**WICHITA FIREFIGHTER'S RELIEF ASSOCIATION
VISION CARE FORM**

DATE / /

Firefighter _____ has been an active firefighter for _____ years and has been required to work in conditions and atmospheres that can cause weakening of the eyes. There is no single episode of injury, however, repeated episodes of hazardous smoke and heat culminated in this patient's need for this eye examination and corrective measures to ensure adequate vision. This bill should be allowed from the Firefighter's Relief Fund for service-connected conditions.

Doctor _____