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HUNTERDON FAMILY EYE CARE

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**RECREATIONAL PROFILE**

Do you participate in any sports or recreational activities?      YES      NO

If YES, what kind? (Please circle all that apply)

- |            |                 |                                 |
|------------|-----------------|---------------------------------|
| Baseball   | Lacrosse        | Skiing/Snow sports              |
| Basketball | Martial Arts    | Soccer                          |
| Fishing    | Racquet sports  | Swimming                        |
| Football   | Rollerblading   | Volleyball                      |
| Golf       | Shooting sports | Water sports (Sailing, Jet ski) |

Other: \_\_\_\_\_

**IT IS CRITICAL TO KNOW THAT...**

**\*\*According to "Prevent Blindness America," 90% of all sports-related eye injuries are preventable with the proper use of protective sports eyewear.**

**\*\*The appropriate protective sports eyewear and polycarbonate lenses will help protect your eyes.**

**\*\*Effective January 2006, New Jersey law *REQUIRES* protective eyewear for school and organized sports.**

**I HAVE BEEN MADE AWARE THAT custom-fit protective sports eyewear will help protect my/my children's eyes. They meet performance standards that exceed those met by everyday eyewear. *Hunterdon Family Eye Care* strongly recommends that I/my child wear protective sports eyewear, complete with polycarbonate lenses, when participating in any sport or recreational activity.**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Or

Parent/Guardian (if Pt. is under 18): \_\_\_\_\_ Date: \_\_\_\_\_