DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
5109 LEESBURG PIKE
FALLS CHURCH VA 22041-3258

REPLY TO
ATTENTION OF

DASG-HS-AS

07 APR 2003

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Expanded Medical Waivers for Refractive Eye Surgery

1. Reference DASG-HS-AS memorandum, 4 February 2002, subject: Medical Waivers for Individuals with a History of Refractive Eye Surgery.

2. The purpose of this memorandum is to reissue the guidance contained in the referenced memorandum for Army applicants and to provide additional guidance for aeromedical and other military special program waivers. The specific guidance is enclosed. This waiver guidance does not supersede current medical standards contained in Army Regulation (AR) 40-501. Each waiver request is considered on an individual basis and granted only on approval of the appropriate waiver authority.

3. This policy applies to medical waivers for individuals otherwise disqualified under AR 40-501 medical standards because of a history of photorefractive keratectomy (PRK) or laser-in-situ keratomeileusis (LASIK) surgery (e.g., Chapter 2 for accession waivers, Chapter 5 for special program waivers, Chapter 6 for aeromedical waivers). The attached guidance should be read carefully to determine which individuals are eligible for waivers depending on the waiver criteria and the program they are applying for.

4. Waivers for a history of radial keratotomy (RK), astigmatic keratotomy (AK), or any other form of refractive surgery are not acceptable in most cases. Rare exceptions may be made for critical needs of the service or special circumstances providing the applicant meet the medical retention standards of Chapter 3, AR 40-501. For instance, a physician applying for a Medical Corps appointment who underwent RK over one year ago and has no current visual problems would be a viable waiver candidate. Enlisted soldiers with a history of RK who are applying for an appointment as a commissioned or warrant officer may be viable waiver candidates.

5. My point of contact for this action is DSN 761-0020.

Encl

//// Original Signed ////

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RECOMMENDED WAIVER CRITERIA
20 MARCH 2003
Enclosure to OTSG Memorandum, "Expanded Medical Waivers for Refractive Eye Surgery"

1. Individuals submitted for a medical waiver for PRK or LASIK shall be uniformly evaluated using the following criteria:

a. General. Individuals shall provide:

(1) Documentation of the pre- and post-operative refractive error.

(2) Documentation of the best spectacle corrected visual acuity. Waiver authorities should determine if the pre-surgical refractive error and the current visual acuity meet AR 40-501 standards for the specific purpose or program being considered for a waiver (e.g., Chapter 2 for accession waivers, Chapter 5 for special program waivers, chapter 6 for aeromedical waivers).

(3) Documentation that at least three months have elapsed since the date of the last laser surgery or enhancement procedure and;

(4) Documentation that there has been no significant visual side effects secondary to the surgery affecting daily activities.

b. Examination. Applicants must have a current comprehensive eye examination, to include a dilated fundus examination, performed by an ophthalmologist or optometrist. Laser Refractive Surgery Waiver Form (Encl 1) should be completed for all individuals seeking a waiver. This may be overprinted on a DA Form 4700.

c. Medical History. Applicants must provide copies of all medical records including the pre-operative eye examination (noting refractive error and keratometry readings); all operative reports or procedure notes; and all follow-up notes.

2. Aeromedical Waivers. Aeromedical waivers (Chapter 6, AR 40-501) must meet the criteria describe above as well as the specific requirements set forth in the Aeromedical policy letter on Refractive Surgery and Corneal Refractive Surveillance Program (CRSSP). This additional guidance can be accessed on the aeromedical web site < http://usasam.amedd.army.mil/AAMA/policyletter.htm>. As a result of extensive review it has been determined that PRK is a safe and effective form of refractive surgery for use in all Army operational environments to include aviation and special operations. Studies on LASIK are still continuing and therefore individuals who have undergone LASIK are only eligible for Aeromedical waivers under specific criteria. Contact the US Army Aeromedical Research Laboratory at Ft.Rucker (334-255-6875/6988) to determine eligibility for enrollment in this special study. All aeromedical waivers are processed through the US Army Aeromedical Center. Data on aeromedical waivers will be maintained by the US Army Aeromedical Activity.

a. Active Duty: Aviators considering undergoing the procedure coordinate their treatment through their unit flight surgeon and local eye care provider as part of the

Warfighter Refractive Eye Surgery Program at an Army Warfighter Laser Center site designated by the Surgeon General's Ophthalmology Consultant to insure they receive appropriate surgery.

b. Reserve Component: Aviators are not eligible for treatment under the WRESP program, but must coordinate application for waiver through their unit flight surgeon. All criteria outlined in the guidance, in the Refractive Surgery Aeromedical Policy Letter, and in the CRSSP apply.

3. Both LASIK and PRK are deemed safe for Airborne, Air Assault and Ranger Schools and applicants are routinely waived by the appropriate waiver authority so long as the other visual standards required for enlistment in the Army are met.. For Ranger School individuals should access the Ranger Training Brigade Web Site at <www.benning.army.mil/RTB/RTBMAIN.htm>.

4. Special Operations. Individuals who wish to accomplish additional training in the Special Operations field (combat diver qualification course (CDQC) ; military free fall, (MFF); Special Forces Qualification Course (SFQC)) after LASIK should contact the US Army Special Operations Command Surgeon's Office at Ft Bragg (910-432-4261) to determine if they are a candidate for a LASIK waiver and inclusion in their observational study.

5. Those applying for waivers for any other programs under Chapter 5, AR 40-501, should contact those program waiver authorities for specific guidance or eligibility for PRK or LASIK.

Laser Refractive Surgery Waiver

Part I.(To be completed by applicant):

Name _____ SSN_____

1. I last had laser refractive surgery performed on _____(date) right eye.
   _____(date) left eye.
2. I do ____ do not____ have difficulty with glare or haloes at night.
3. I do____ do not____ have difficulty with daily activities such as driving, reading signs at night, or being exposed to bright sunlight.
4. I do____ do not____have double vision.
5. Please list any topical eye drops/medication you are using or have used in the last month_____
_____.

Part II. (To be completed by Optometrist/Ophthalmologist):

1.Pre- Laser Treatment Refractive Error_____(sph)_____(cyl)_____(axis) OD
(Must be documented in pt record)
_____(sph)_____(cyl)_____(axis) OS

2.Post-Laser Treatment Refractive Error_____(sph)_____(cyl)_____(axis) OD

_____(sph)_____(cyl)_____(axis) OS

3. Type of corneal surgery : Photorefractive Keratectomy (PRK) _____
Laser-in-situ-Keratomileusis (LASIK)_____

4.Visual Acuity (Snellen) sc _____ OD _____OS
cc _____ OD _____OS

5. Eye Alignment (use Prism Diopters in Primary Position) _____.
Eye Motilty: _____.

6. Red/Green Color Blind _____YES _____ NO Type of Test: _____

7. Slit Lamp Exam of Cornea – Interface haze; rippling/displacement of flap;scarring?
_____

8. Dilated Fundus
Exam:_____

9. Any additional observations/ other relevant eye diagnosis (eg.Keratoconus):
_____
_____

_____ _____ _____
_____
(name/title) (phone no) (signature) (date)