



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

REPLY TO
ATTENTION OF

DASG-HSZ

0 8 DEC 2005

MEMORANUM FOR SEE DISTRIBUTION

SUBJECT: Expanded Medical Waivers for Refractive Eye Surgery

1. Reference DASG-HS-AS memorandum, 7 April 2003, subject: Medical Waivers for Individuals with a History of Refractive Eye Surgery.
2. The purpose of this memorandum is to update 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. The waiver guidance does not supersede current accession medical standards contained in Department of Defense Instruction 6130.4, Medical Standards for Appointment, Enlistment, or Induction in the Armed Forces or Army Regulation (AR) 40-501, Standards of Medical Fitness. 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 DoDI 6130.4 medical standards (e.g., for accession waivers) or AR 40-501 medical standards because of a history of photorefractive keratectomy (PRK) or laser-in-situ keratomeileusis (LASIK) surgery (e.g., Chapter 5 for special program waivers, and 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 for which they are applying.
4. Waivers for a history of radial keratotomy (RK), astigmatic keratotomy, or any other form of refractive surgery, except LASIK and PRK, are not acceptable in most cases. Rare exceptions may be made for critical needs of the service or special circumstances, providing the applicant meets 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.

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5. My point of contact for this action is Ms. Nuppenau, DSN 761-3157 or Commercial 703-681-3157.

Encl



KEVIN C. KILEY, M.D.
Lieutenant General
The Surgeon General

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RECOMMENDED WAIVER CRITERIA

October 2005

Enclosure to OTSG Memorandum, "Expanded Medical Waiver 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 have 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 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 described above as well as the specific requirements set forth in the Aeromedical policy letter on Refractive Surgery and Corneal Refractive Surgery Surveillance Program (CRSSP). This additional guidance can be accessed on the Aeromedical website <<http://usasam.amedd.army.mil/aama/policyletter.htm>> As a result of the extensive review, it has been determined that both PRK and LASIK are safe and effective forms of refractive surgery for use in all Army operational environments to include aviation and special operations. 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 outlines in the guidance, in the Refractive Surgery Aeromedical Policy Letter, and in the CRSSP apply.

3. Both PRK and LASIK are deemed safe for Airborne, Air Assault, and Ranger Schools. 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 website 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.

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 Form

PART I. TO BE COMPLETED BY APPLICANT

Name: _____ SSN: _____

1. I last had laser refractive surgery performed on _____ (date) right eye and _____ (date) left eye.
2. I do ___ do not ___ have difficulty with glare or haloes at night.
3. I do ___ do not ___ have difficult 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/medications 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 patient's _____ (sph) _____ (cyl) _____ (axis) OS
medical record)
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 motility _____

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 observation/other relevant eye diagnosis (e.g., Keratoconus):

NAME/TITLE: _____ PHONE NUMBER: _____
SIGNATURE: _____ DATE: _____