

CORNEAL REFRACTIVE SURGERY (CRS) CHECKLIST

Must Be Completed By Your Eye Care Professional

NAME:	LAST 4 SSAN	Scheduled Date of AF Physical Exam:
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Notes for Eye Care Professional: This patient is applying for a United States Air Force medical clearance which has very specific requirements. The purpose of this form is two-fold: to document the individual's pre-operative cycloplegic refraction so that Air Force medical personnel can verify pre-operative suitability for specific duties AND to document post-operative refractive error at the times indicated below to determine post-operative suitability for specific duties. Your assistance in treating/assessing this patient and providing this documentation is greatly appreciated.

Applicants must be at least **6 months post-CRS** prior to an accession medical examination or initial flight physical (**one year for hyperopic CRS treatments** prior to initial flight physical).

Approved CRS procedures include: photorefractive keratectomy (PRK), epithelial-laser in-situ keratomileusis (epi-LASIK), laser in-situ epithelial keratomileusis (LASEK), and laser in-situ keratomileusis (LASIK) with flap formation either by microkeratome or femtosecond laser (Intralase). Although it is expected that most, if not all, procedures will be accomplished using wavefront-guided technique, this is not a requirement.

Non-Approved CRS procedures include radial keratotomy, limbal relaxation incisions, thermokeratoplasty, intra-corneal rings, clear lens extraction and any phakic lens implantation. These procedures are **disqualifying and NOT waiverable** for ALL flying positions without exception.

The current use of punctual plugs is **disqualifying** for an initial physical. If you had punctual plugs inserted pre or post operatively, they **must be removed at least 30 days prior** to your evaluation. Failure to do so will **delay the processing** of your physical.

General Military Service or Commissioning:

Pre-Operative cycloplegic refraction **cannot exceed a spherical equivalent of +8.00 to -8.00** and **cannot exceed 3.00 diopters of astigmatism** with a good outcome to be **non-disqualifying** for accession.

Initial Flying Class (IFC I/IA/II/III/RPA Pilot) or Special Operational Duty:

Pre-Operative cycloplegic refraction **cannot exceed +3.00 to -8.00 in ANY meridian** and **cannot exceed 3.00 diopters of astigmatism** with a good outcome to be **non-disqualifying** for all flying classes.

Pre-Operative cycloplegic refraction **greater than +3.00 and less than or equal to +5.00 or greater than -8.00 and less than or equal to -10.00 in ANY meridian or greater than 3.00 and less than or equal to 6.00 diopters of astigmatism** is **DISQUALIFYING** for all flying classes and **may** be considered for a waiver on a **case-by-case basis**. Astigmatism greater than 5.00 diopters will **not** be waived for accession/commissioning.

1. PRE-OPERATIVE exam with cycloplegic refraction:

Date: _____

OD: Sph: _____ Cyl: _____ Axis: _____ 20/
OS: Sph: _____ Cyl: _____ Axis: _____ 20/

2. OPERATIVE REPORTS, must provide copy of **LASER REPORT**: Surgery Date: _____

3. Two post-op manifest refractions with no more than 0.50 diopter shift in sphere or cylinder power (initial post-op refraction must be at least 90 days post-CRS and second refraction at least 1 month apart) **WE WILL NOT ACCEPT AUTO-REFRACTIONS AS A MANIFEST REFRACTION**:

Date : _____

OD: Sph: _____ Cyl: _____ Axis: _____ BCVA 20/

OS: Sph: _____ Cyl: _____ Axis: _____ BCVA 20/

Date: _____

OD: Sph: _____ Cyl: _____ Axis: _____ BCVA 20/

OS: Sph: _____ Cyl: _____ Axis: _____ BCVA 20/

List any surgical or post-operative complications (e.g. corneal haze, flap striae, ocular hypertension, etc.):

List any current eye medications used (including over-the-counter) and frequency of use:

List any side effects secondary to the surgery.

	YES	NO		YES	NO
Glare/ghosting/halos	<input type="checkbox"/>	<input type="checkbox"/>	Double Vision:	<input type="checkbox"/>	<input type="checkbox"/>
Dry Eye:	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty seeing at night:	<input type="checkbox"/>	<input type="checkbox"/>

Please explain all YES responses:

Notes:

- **Send us ALL of your pre & post-operative exams (as well as any other eye surgeries) with this sheet.** Please **DO NOT FORGET** to ask for the actual "**LASER REPORT**", this item must be sent to us.
- The laser report is the actual form printed from the machine/laser (NOT THE TREATMENT PLAN) that was used to complete your surgery--without this form, your IFC physical may be canceled or delayed.

This sheet and accompanying documents must be submitted at least 30 days prior to your appointment.

Printed name & stamp (Eye care professional)

Signature and date