CORRECTIVE EYE SURGERY (PRK/LASIK/LASEK) WAIVER CRITERIA CHECKLIST

MUST BE COMPLETED BY YOUR EYE CARE PROFESSIONAL USING THIS CHECKLIST OR CASE WILL BE RETURNED WITHOUT ACTION FOR COMPLETION

APPLICANT'S NAME: **APPLICANT'S SSAN:**

1. **PRE-OPERATIVE** REFRACTIVE ERROR, Cycloplegic Refraction: **Date of Surgery: _____** Cannot be over **+5.50 FC1 or +8.00 FC1A/III or General Military Service (GMC) in any meridian to be acceptable. (No exception.)**

OD: **By:**
OS: **By:**
Sph: **CX: _____** **Sph:** **CX:**

2. **POST–OPERATIVE** refractive error, Cycloplegic Refraction: **Date:**
Must be within three days of eye surgery.

OD: **By:**
OS: **By:**
Sph: **CX: _____** **Sph:** **CX:**

Best Uncorrected Distant Visual Acuity: OD 20/ OS 20/
Best Uncorrected Near Visual Acuity: OD 20/ OS 20/

3. **THREE MONTH POST-OPERATIVE** refractive error, Cycloplegic Refraction: **Date:**

OD: **By:**
OS: **By:**
Sph: **CX: _____** **Sph:** **CX:**

Best Uncorrected Distant Visual Acuity: OD 20/ OS 20/
Best Uncorrected Near Visual Acuity: OD 20/ OS 20/

4. **SIX MONTH POST-OPERATIVE** refractive error, Cycloplegic Refraction: **Date:**
Must be no less than six months post eye surgery required for FCIA.

OD: **By:**
OS: **By:**
Sph: **CX: _____** **Sph:** **CX:**

Best Uncorrected Distant Visual Acuity: OD 20/ OS 20/
Best Uncorrected Near Visual Acuity: OD 20/ OS 20/

5. **ONE YEAR POST** Cycloplegic Refraction required for all laser eye surgery: **Date: _____** **Must be no less than one year post eye surgery required for FCIII waiver application & FCIA prior to UNT.**

OD: **By:**
OS: **By:**
Sph: **CX: _____** **Sph:** **CX:**

Best Uncorrected Distant Visual Acuity: OD 20/ OS 20/
Best Uncorrected Near Visual Acuity: OD 20/ OS 20/

Evaluate/explain any side effects secondary to the surgery (Y/N) glare: , haze: , halos: , diplopia: , difficulty seeing at night: , lattice degeneration: , retinal detachment / holes: , other eye pathology:
Explain any (Y) findings:

Waiver criteria for stable refraction – two cycloplegic refractions post surgery at least 3 months apart with no more than 0.50 changes in either eye. All must be 12 months s/p surgery for waiver.

Waiver for corrective eye surgery UPT (Pilot) will be completed in conjunction with MFS at Wright -Patterson AFB prior to pilot training.

Note 1: All evaluations noted above are mandatory and must be completed by the eye care professional. Note 2: All pre/post evaluations must be submitted with the waiver package, or case will be returned.
Note 3: The entire form should be completed prior to the applicant entering training.

Printed Name & Stamp (Eye Care Professional) **Signature** **Date**