



DEPARTMENTS OF THE ARMY AND THE AIR FORCE
NATIONAL GUARD BUREAU
111 SOUTH GEORGE MASON DRIVE
ARLINGTON, VA 22204-1382

NGB-ARS (40)

23 September 1999

MEMORANDUM FOR THE ADJUTANTS GENERAL OF ALL STATES,
PUERTO RICO, THE VIRGIN ISLANDS
AND THE DISTRICT OF COLUMBIA

SUBJECT: (All States Log Number I99-0116) Medical Waivers for Applicants with a History of Refractive Surgery Seeking Appointment, Enlistment or Induction in the U.S. Army

1. Reference AR 40-501, paragraph 2-13c, Refractive Error and Surgery. The U.S. Army Surgeon General published a 10 September 1999 updated policy reference guidelines for medical waivers for applicants who have had Refractive Surgery (see enclosed). As the Army National Guard waiver authority, the Chief Surgeon will adopt these new guidelines in determining medical waivers for applicants who have had photorefractive keratectomy (PRK) or laser in-situ keratomileusis (LASIK) surgeries.
2. Any applicant previously denied initial enlistment or appointment in the Army National Guard because of refractive surgery may resubmit their packets to NGB-ARS for waiver consideration if they meet the criteria in the new policy. The packet must contain all documented information requested in paragraph 5 of the attached policy and a MEPS AR 40-501, Chapter 2 physical (SF 88 and 93) within the past 24 months.
3. Also any traditional guardsman who was denied a medical waiver to attend Officer Candidate School or Warrant Officer School because of refractive surgery may resubmit their packets to NGB-ARS for waiver consideration if they met the criteria in the new policy. The packet must contain all documented information requested in paragraph 5 of the attached policy and a MEPS or an active component military treatment facility AR 40-501, Chapter 2 physical (SF 88 and 93) within the past 24 months.
4. All Army National Guard refractive surgery waiver requests must come to NGB-ARS. NGB-ARS will coordinate actions with Walter Reed Army Institute Research (WRAMC) and U.S. Army Surgeon General Directorate of Health Policy and Service (DASG-HS-AS).
5. This memorandum will expire one year from date of publication unless sooner rescinded or superseded.

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6. The point of contact for this action is the undersigned at DSN 327-7140 or 703-607-7140.

FOR THE CHIEF, NATIONAL GUARD BUREAU:



HOMER J. WRIGHT
Colonel, MC
Chief Surgeon, Army National
Guard

Encl
as

CF:
Each State MILPO
Each State Surgeon
Each State RRM
NGB-ARP
NGB-ARZ-HRP
NGB-ARZ-G
NGB-ASM
NGB-IG
NGB-PL



DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
3100 LEESBURG PIKE
FALLS CHURCH VA 22041-3258

REPLY TO
ATTENTION OF

DASG-HS-AS

10 SEP 1999

MEMORANDUM FOR SEE DISTRIBUTION:

SUBJECT: Medical Waivers for Applicants With a History of Refractive Surgery Seeking Appointment, Enlistment or Induction in the U.S. Army

1. Reference DASG-HS-AS Memorandum 22 April 1999, subject as above.
2. The 22 April 1999 memorandum is superseded by the following updated guidance.
3. The following revised waiver recommendation policy is provided for your use in making waiver determinations for Army applicants. This policy governs medical waivers for applicants who have undergone photorefractive keratectomy (PRK) or laser in-situ keratomileusis (LASIK) for the treatment of myopia or hyperopia. It specifically excludes anyone who has had radial keratotomy (RK), astigmatic keratotomy (AK), or any other form of refractive surgery.
4. The waiver review process shall be used to evaluate applicants on a case by case basis and applies to both active and reserve component accessions. It does not supersede current medical standards contained in Chapters 2, 4, or 5 of AR 40-501 but rather provides guidance to waiver authorities who may want to consider waivers for PRK or LASIK.
5. 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 that the pre-operative refractive error was not more than +6.00 or -8.00 diopters (spherical equivalent) in either eye and;
 - (2) Documentation that the best spectacle corrected visual acuity is 20/20 in each eye by manifest refraction post-procedure and;
 - (3) Documentation that at least 12 months have elapsed since the date of the last surgery or enhancement procedure and;

DASG-HS-AS

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(4) Documentation that there have been no significant visual side effects secondary to the surgery affecting daily activities and;

(5) Documentation of a stable refraction defined as two refractions performed 6 months apart with no more than a 0.50 diopter difference in the spherical equivalent of either eye.

b. Duties. Waivers will not be considered for applicants to special duty communities (e.g. aviation, diving, airborne, ranger, HALO, special warfare, etc.) unless specifically approved by those special program waiver authorities.

c. Examination. Applicants must have a current comprehensive eye examination, to include a dilated fundus examination, performed by an ophthalmologist or optometrist.

d. 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.

6. Waiver recommendations may be coordinated through this office (ATTN: DASG-HS-AS). All required documents must be forwarded with the case.

7. Data on all accession waivers shall be forwarded to Walter Reed Army Institute of Research (WRAIR) for inclusion in the Department of Defense Accessions Medical Standards Analysis and Research Activity. This data will be tracked by the DOD Medical Accessions Standards Working Group and periodically reviewed by the DOD Medical Accessions Standards Steering Committee.

8. POC is Ms. Wortzel, DSN 761-0020, <tina.wortzel@otsg.amedd.army.mil>.



RONALD R. BLANCK
Lieutenant General
The Surgeon General

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