



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

NGB-ARS (40)

JUL 07 2000

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

SUBJECT: (All States Log Number I00-0073) Waivers for Applicants with a History of Refractive Surgery Seeking Appointment, Enlistment or Induction in the U.S. Army

1. References:

a. DASG-HS-AS memorandum, 8 May 00, Subject: Medical Waivers for Individuals With a History of Photorefractive Keratectomy (PRK) or Laser in-Situ Keratomileusis (LASIK) Refractive Surgery

b. NGB-ARS memorandum, 23 Sep 99, subject as above

2. The NGB-ARS memorandum All States Memorandum Log Number I99-0116 is modified with the following:

a. As the Army National Guard (ARNG) waiver authority, the Chief Surgeon will adopt the new guidelines of the DASG-HS-AS memorandum in determining waivers for applicants who have had photorefractive keratectomy (PRK) or laser-in-situ keratomileusis (LASIK) surgeries.

b. Forward all ARNG refractive surgery waiver requests to NGB-ARS. Requests must contain the completed document titled "Laser Refractive Surgery Waiver" specified in the enclosed DASG-HS-AS memorandum.

3. This memorandum will expire one year from date of publication unless sooner rescinded or superseded.

NGB-ARS

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4. The POC for this action is the undersigned at 703-607-7140 or DSN 327-7140.

FOR THE CHIEF, NATIONAL GUARD BUREAU:



HOMER J. WRIGHT
Colonel, NGB
Chief Surgeon, ARNG

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



REPLY TO
ATTENTION OF

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



DASG-HS-AS

MAY 2000

MEMORANDUM FOR SEE DISTRIBUTION:

SUBJECT: Medical Waivers for Individuals With a History of Photorefractive Keratectomy (PRK) or Laser in-Situ Keratomileusis (LASIK) Refractive Surgery

1. Reference DASG-HS-AS Memorandum 10 September 1999, subject as above.
2. The 10 September 1999 memorandum is superseded by the following updated guidance.
3. The following waiver recommendation policy is provided for your use in making waiver determinations. It does not supersede current medical standards contained in AR 40-501 but rather provides guidance to waiver authorities who may want to consider waivers for PRK or LASIK. The waiver review process shall be used to evaluate individuals on a case by case basis and applies to both active and reserve components.
4. This policy applies to medical waivers for individuals otherwise disqualified under AR 40-501 medical standards because of a history of PRK or LASIK surgery (e.g. Chapter 2 for accession waivers, Chapter 5 for special program waivers). Medical waivers are not recommended for a history of radial keratotomy (RK), astigmatic keratotomy (AK), or any other form of refractive surgery.
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 of the pre and post-operative refractive error.
 - (2) Documentation of the best spectacle corrected visual acuity. Waiver authorities should determine if the visual acuity meets 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).
 - (3) Documentation that at least six months have elapsed since the date of the last laser surgery or enhancement procedure and;

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(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 (Encl 1) 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.

6. 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.

7. POC is Ms. Wortzel, DSN 761-0020, e-mail, tina.wortzel@otsg.amedd.army.mil.

Encl


RONALD R. BLANCK
Lieutenant General
The Surgeon General

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GENERAL

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)