Corneal Refractive Surgery Aeromedical Summary

1. Date:

2. Name (*Last, First Mi*):

3. Rank/Rate/Title:

4. Branch of Service:

5. Date of Birth:

6. Patient ID: AERO# or DOD# :

7. Waiver Class Request: ☐ SNA ☐ SNFO ☐ I ☐ II ☐ III ☐ IV ☐ Other:

8. Gender: ☐ Male ☐ Female

9. If Designated, Primary Aircraft Type:

10. Surgery: ☐ PRK ☐ LASIK

11. Surgery Facility:

12. Dates of Corrective Surgery:

Right Eye: Left Eye:

13. Corrective Lenses Required for Aviation Duty? ☐ Yes ☐ No

14. Current Eye Drops? ☐ Yes ☐ No

15. If Yes, What? ☐ Artificial Tears ☐ Antibiotic ☐ Steroid ☐ Other

16. Pre-Op Refraction:

OD: OS: Date:

17. Post-Op Refraction:

OD: OS: Date:

18. Stability Refraction:

OD: OS: Date:

19. Post-Op Cycloplegic Refraction: (*Required for SNA only, use 1% Cyclopentolate*)

OD: OS: Date:

20. UCVA:

OD: 20/ - ☐ Goodlite ☐ Snellen

OS: 20/ - ☐ Goodlite ☐ Snellen

21. BCVA:

OD: 20/ - ☐ Goodlite ☐ Snellen

OS: 20/ - ☐ Goodlite ☐ Snellen

22. Corneal Clarity (*Haze*):

OD: ☐ Clear ☐ Trace ☐ Mild ☐ Moderate ☐ Severe

OS: ☐ Clear ☐ Trace ☐ Mild ☐ Moderate ☐ Severe

23. Slit Lamp Notes or Other Comments PRN:

24. ☐ Member is no longer using ocular medications (by policy, artificial tears needed no more than QID to be asymptomatic), and has no significant glare, halo or starburst complaints from lights at night, no haze or ghost images, no double vision, no dry eye syndrome, nor recurrent corneal erosions. Member is confident in ability to safely resume aviation duties.

25. ☐ Member has a normal post-operative slit lamp exam.

26. ☐ Operative Treatment Reports (Laser Printouts) & Current Flight Physical (PRN) submitted to NAMI for review.

27. ☐ LBFS has been completed (if applicable for designated members).

28. ☐ Member's commanding officer is aware of, and concurs with, waiver recommendation (if applicable).

29. Flight Surgeon/Aeromedical Officer (*Name)*

(*Signature*):

30. Date:

31. Examining Eye Doctor (*Name)*

(*Signature*):

32. Date: