

CORNEAL REFRACTIVE SURGERY AEROMEDICAL SUMMARY

				1. DATE:				
2. NAME (Last, First, MI):				3. RANK/RATE/TITLE:			4. SERVICE BRANCH:	
5. DATE OF BIRTH:			6. PATIENT ID (AERO # or DoD #):					
7. WAIVER CLASS REQUEST:								
SNA		SNFO		I	II	III	IV	OTHER
8. SEX:			9. IF DESIGNATED, PRIMARY AIRCRAFT TYPE:					
MALE		FEMALE						
10. SURGERY:			11. SURGERY FACILITY:					
PRK		LASIK/SmILE		ICL				
12. DATES OF CORRECTIVE SURGERY:				13. CORRECTIVE LENSES REQUIRED FOR AVIATION DUTY?				
RIGHT EYE:		LEFT EYE:		YES		NO		
14. CURRENT EYE DROP?			15. IF YES, WHAT?					
YES		NO		ARTIFICIAL TEARS		ANTIBIOTIC	STEROID	OTHER
16. PRE-OP REFRACTION:								
OD:		OS:		DATE:				
17. POST-OP REFRACTION:								
OD:		OS:		DATE:				
18. POST-OP CYCLOPLEGIC-REFRACTION (Required for SNA only, use 1% Cyclopentolate)								
OD:		OS:		DATE:				
19. UCVA:				20. BCVA:				
OD: 20/		-		GOODLITE		SNELLEN		
OS: 20/		-		GOODLITE		SNELLEN		
21. CORNEAL CLARITY (haze):								
OD:		CLEAR	TRACE	MILD	MODERATE	SEVERE		
OS:		CLEAR	TRACE	MILD	MODERATE	SEVERE		
22. SLIT LAMP NOTES OR OTHER COMMENTS PRN:								
23. 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 or start aviation duties.								
24. Member has a normal post-operative slit lamp exam.								
25. Operative treatment reports (laser printouts) & current flight physical (PRN) submitted to NAMI for review.								
26. NCD CD								
27. FLIGHT SURGEON/AEROMEDICAL OFFICER NAME				28. SIGNATURE		29. DATE		
30. EXAMINING EYE DOCTOR NAME (if available)				31. SIGNATURE		32. DATE		