

**CORNEAL REFRACTIVE SURGERY CHECKLIST FOR NROTC MIDSHIPMEN AND  
OFFICER CANDIDATES**

- \_\_\_ 1. Read and understand the CO's "ELECTIVE CORNEAL REFRACTIVE SURGERY POLICY" including enclosures (1) through (10).
  
- \_\_\_ 2. Read and understand the Pre-Op Counseling Form, enclosure (2).
  
- \_\_\_ 3. Read, discuss, and sign with your Class Advisor the Pre-op Counseling Form For NROTC Midshipmen and Officer Candidates Undergoing Corneal Refractive Surgery, enclosure (2).
  
- \_\_\_ 4. Review with the doctor performing your surgery and ensure that you meet the pre-operative requirements and the anticipated post-operative outcomes to meet specific Naval community expectations (e.g. enrollment into the Aviation LASIK study).
  
- \_\_\_ 5. Obtain from your doctor a written and signed acknowledgment that you meet pre-operative requirements. Ensure this acknowledgement lists the type of procedure to be performed (PRK/LASIK), and anticipated outcome.
  
- \_\_\_ 6. Request in writing from your NROTC Unit Commanding Officer, permission to have the surgery performed, enclosure (3). Include with this request all documentation acquired in step 5 and the signed Pre-op Counseling Form from step 3.
  
- \_\_\_ 7. With the Commanding Officer's approval have the surgery performed.
  
- \_\_\_ 8. Have your doctor complete the Post-Op Medical Clearance Corneal Refractive Surgery form, enclosure (4), and return the completed form to the NROTC Unit.

If you intend to select Aviation:

- \_\_\_ 8a. PRK & LASIK aviation applicants, have your doctor complete the SNA-SNFO Accession CRS Worksheet, enclosure (6). Return this form to the Unit.
  
- \_\_\_ 8b. LASIK aviation applicants, schedule and complete additional ocular tests at one of the ten designated MTFs listed in enclosure (7). This is a requirement to be

Enclosure (1)

enrolled in the "LASIK in Naval Aviation Study." Return any follow-up information to the Unit.

\_\_\_\_ 9. At least three months must elapse from date of surgery or re-treatment, during which you must have at least two post-operative eye examinations separated by at least one month to show evidence of stable refractive error. These examinations must include visual acuity and refraction.

\_\_\_\_ 10. Collect all CRS records, to include:

- detailed clinical records of the pre-operative refractive error
- operative report including type of procedure
- records of the two post-operative examinations
- PRK Accession Worksheet/LASIK follow-up records
- any other pertinent records.

Give these records to the Unit Midshipmen Medical Qualifications Coordinator. A waiver request to BUMED (M3F) will be submitted via your chain-of-command for "History of Laser Eye Surgery."

**PRE-OP COUNSELING FORM FOR NROTC MIDSHIPMEN AND OFFICER  
CANDIDATES CONSIDERING CORNEAL REFRACTIVE SURGERY**

1. I, \_\_\_\_\_ (Rank/Rate, First name, Middle Initial, Last name) am seeking health care outside a federal source for corneal refractive surgery. My initials next to each of the following paragraphs indicate I have read and understand each section.

\_\_\_ 2. I acknowledge I have read and understand the applicable references.

If I desire to serve in Naval Aviation:

\_\_\_ I acknowledge that I have read and understand enclosure (8) U.S. Navy Aeromedical Reference and Wavier Guide sections 12.15 and 12.15B and enclosure (7) "Requirements and Information for Post-LASIK Naval Aviation Applicants." (LASIK only).

If I desire to serve in Special Warfare / Special Operations:

\_\_\_ I acknowledge that I have read and understand enclosure (9) MANMED 15-34 and enclosure (10) MANMED 15-102 regarding the post-operative requirements for entry into the Special Warfare / Special Operations communities.

The purpose of this counseling is to inform me of current guidance I need to be aware of prior to having elective non-Military Health Care system surgery performed at my own expense. The purpose of this counseling is not to determine my actual suitability for corneal refractive surgery, as that determination must be made by my eye care provider.

\_\_\_ 3. I understand there are different types of corneal refractive surgery, and that I may subsequently be found disqualified from entry into certain warfare communities, depending on the type of surgery that is performed on my eyes. It is my responsibility to know the current policy on refractive surgery in my desired warfare community.

\_\_\_ 4. I understand that I must obtain the prior approval of my command to have corneal refractive surgery. Any time away from work required as part of the pre-operative evaluation,

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Enclosure (2)

surgery and post-operative follow-up must be approved by my command.

\_\_\_ 5. I have been notified that I am responsible for all expenses associated with the pre-operative evaluation, surgical fees and post-operative care. The government is not responsible for out-of-pocket expenses that I may incur by an insurance carrier, or that I am unable to pay as part of the cost of the contemplated care.

\_\_\_ 6. I understand that after I have had my surgery in the civilian community, post-operative follow-up care will not be performed by a military treatment facility (MTF).

\_\_\_ 7. I understand that if I obtain LASIK surgery and wish to commission as a Naval Aviator I must have additional ocular tests performed at one of the ten designated military treatment facilities listed in enclosure (7). I am responsible for all travel expenses and scheduling of this appointment.

\_\_\_ 8. I have been provided with a copy of the Medical Clearance Form for Return to Full and Unrestricted Duty Following Corneal Refractive Surgery. I have been directed to have my eye care provider complete this form after my surgery. I will return it to the Uniform Services Medical Facility where my outpatient records are kept, at which time a determination for fitness and continued service may be made by a medical department representative.

\_\_\_ 9. I understand that any form of corneal refractive surgery disqualifies me physically for a commission in the Navy or Marine Corps and that I must request a waiver for this disqualification prior to commissioning.

\_\_\_ 10. I understand that if I am to request aviation as my service assignment and I elect to undergo LASIK surgery, I must, in addition to my waiver request, be accepted in the Navy's "LASIK in Naval Aviation" study.

\_\_\_ 11. In the event of an irreversible adverse outcome that affects the ability to perform the duties of a commissioned officer I understand that I may be physically disqualified for commissioning and may be responsible for recoupment of my college tuition costs to the Navy.

\_\_\_\_ 12. I understand that by having this surgery performed it in no way guarantees that I will be selected for aviation, special warfare, or any other warfare community. I must still meet all other requirements set by the respective communities.

\_\_\_\_ 13. I have had my questions answered and understand that this document will be placed in my outpatient medical record. I understand that my commissioning may be delayed for possibly one year after surgery.

\_\_\_\_\_  
Midshipman  
Signature

\_\_\_\_\_  
Class Advisor  
Signature

\_\_\_\_\_  
Commanding Officer  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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Enclosure (2)

**POST-OP MEDICAL CLEARANCE AFTER CORNEAL REFRACTIVE SURGERY**

From: \_\_\_\_\_ (Name of eye care provider)  
\_\_\_\_\_  
\_\_\_\_\_  
( ) (Office phone number)

To: Service Member's Primary Care Provider

Subj: MEDICAL CLEARANCE FOR \_\_\_\_\_  
(Rank/Rate, First name, Last name) TO RETURN TO FULL AND  
UNRESTRICTED DUTY FOLLOWING CORNEAL REFRACTIVE SURGERY

1. The above named service member had \_\_\_\_\_ (type of corneal refractive surgery) performed in the right eye / left eye / both eyes on \_\_\_\_\_ (date). As a military or civilian eye care provider (ophthalmologist or optometrist) that has evaluated the service member following his/her surgery, the purpose of this letter is to recommend when he or she may return to work on a full time basis without any further restrictions based on the guidelines provided in paragraphs (2) and (3). I understand this document will be placed in the service member's outpatient military health record.

2. I understand that most service members are able to resume routine daily work activities within a few days after surgery. However, due to the need for follow-up care in the immediate post-operative time period, service members usually will not be returned to full and unrestricted duty until approximately 1 month following surgical correction of myopia, and possibly as long as 3 to 4 months after surgical correction of hyperopia. Full and unrestricted duty is defined as the ability to perform all job responsibilities of their rank/rate, as well as being suitable for deployment to isolated duty locations where routine eye care services are not readily available.

3. I certify that the following pre-requisites for full and unrestricted duty assignment have been met:

a. All topical eye drops (including steroids or anti-inflammatory agents) have been discontinued. Artificial tears may be used as needed.

b. Post-operative BEST CORRECTED visual acuity is greater than or equal to 20/20 in each eye that had surgery, OR is within one line of the BEST CORRECTED pre-operative visual acuity in each eye that had surgery:

Best corrected visual acuity PRE-OP = 20/\_\_\_ OD, 20/\_\_\_ OS.  
Best corrected visual acuity POST-OP = 20/\_\_\_ OD, 20/\_\_\_ OS.  
Uncorrected visual acuity POST-OP = 20/\_\_\_ OD, 20/\_\_\_ OS.

c. There are no visually debilitating symptoms related to surgery.

4. I recommend that the service member may return to full and unrestricted duty as of \_\_\_\_\_ (date).

\_\_\_\_\_  
(Signature of eye care provider)

\_\_\_\_\_  
(Date)

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Enclosure (4)

**PRIMARY CARE PROVIDER ENDORSEMENT OF RETURN TO FULL AND UNRESTRICTED DUTY  
FOLLOWING CORNEAL REFRACTIVE SURGERY**

1. I have reviewed the Medical Clearance Form for Return to Full and Unrestricted Duty Following Corneal Refractive Surgery ICO \_\_\_\_\_ (Rank/Rate, First name, Last name).

2. As part of the fitness for duty, I have determined if the service member's job occupation requires a minimum specified visual acuity requirement in order to perform her or his duties (as listed in the Manual of Medical Department). The uncorrected visual results following surgery must meet those specified standards. If the service member's uncorrected visual acuity following surgery does not meet the specified standards, then the member must have received additional vision correction in the form of glasses or contact lenses that enables him or her to fulfill the visual acuity requirements before returning to duty.

3. In accordance with current BUMED guidance, I have verified that the type of corneal refractive surgery the service member had performed does not disqualify her/him from retention on active duty in his or her current NEC or NOBC.

4a. The service member's eye care provider (military or civilian) has verified that all of the prerequisites identified in paragraphs 3(a) - 3(c) of the Medical Clearance form have been satisfied. Effective \_\_\_\_\_ (date), the service member may return to full and unrestricted duty, which is defined as the ability to perform all job responsibilities of their rank/rate, as well as being suitable for deployment to isolated duty locations where routine eye care services are not readily available.

OR

4b. One or more of the prerequisites identified in paragraph (3) of the Medical Clearance form were not satisfied, but the service member has been evaluated by a military ophthalmologist or optometrist and has been recommended for return to full and unrestricted duty effective \_\_\_\_\_ (date).

\_\_\_\_\_  
Provider's signature Rank/Rate

\_\_\_\_\_  
Printed name or stamp

\_\_\_\_\_  
Date

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Enclosure (5)