



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE
WASHINGTON, DC

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MEMORANDUM FOR HQ ACC/SG	HQ AFIA/SG	HQ AFMC/SG	ANG/SG
HQ AFPC/DPAM	AFMSA/CC	HQ AFRC/SG	311 HSW/CC
HQ AFSOC/SG	HQ AFSPC/SG	HQ AMC/SG	HQ AIA/SG
HQ AETC/SG	ANGRC/SG	HQ PACAF/SG	11 MDG/CC
HQ USAFE/SG	HQ USAFA/SG	USAFSAM/CC/FEC	

FROM: HQ USAF/SG
110 Luke Avenue, Room 400
Bolling AFB, DC 20332-7050

SUBJECT: Accession Medical Waivers for History of Photorefractive Keratectomy (PRK) and Laser Assisted In-Situ Keratomileusis (LASIK) (SG Policy #00-003)

This policy defines the accession medical waiver requirements for PRK and LASIK and applies to all active and reserve component applicants who have undergone Corneal Refractive Surgery (CRS) for the treatment of myopia or hyperopia. It supercedes the 2 July 1999 policy memorandum, same subject.

The following guidelines apply to this policy:

- a. Effective immediately, applicants who have undergone PRK or LASIK may be considered for waiver for general accession under uniform waiver criteria. The criteria and required documentation are attached.
- b. Waivers will not be considered for radial keratotomy (RK) or any CRS procedure other than PRK and LASIK.
- c. A separate waiver policy for PRK in aviation and special duty personnel will be published in the near future, and PRK waivers for aviation and special duty personnel will be limited.
- d. Waivers for LASIK will not be allowed in aviation and special duty personnel.

Members who obtain PRK or LASIK are not required to meet a Medical Evaluation Board (MEB), provided vision standards, as defined in AFI 48-123, Medical Examination and Standards, A2.5, are met and there are no vision symptoms which significantly restrict activity. If a medical treatment facility (MTF) identifies an active duty member who has had PRK or LASIK, the MTF must provide the information in the attached CRS Accession Waiver Criteria and Documentation to Department of Defense Accessions Medical Standards Analysis and Research Activity (AMSARA). An MEB is still required on all personnel who have had RK or any CRS procedure other than PRK or LASIK.

HQ AETC/SG responsibilities in this process include:

- a. HQ AETC/SGPS is the authority for accession waivers.
- b. HQ AETC/SGPS shall maintain data on all accession waivers for inclusion in an Air Force waiver/exception to policy tracking program.
- c. HQ AETC/SGPS shall forward data on PRK and LASIK accession waivers to the Walter Reed Army Institute of Research for inclusion in the Department of Defense AMSARA. The AMSARA point of contact is Mr. Tim Powers at DSN 662-1308 or commercial (202) 782-1308. These data will be tracked by the DoD Medical Accessions Standards Working Group and periodically reviewed by the DoD Medical Accessions Standards Steering Committee.

My point of contact for this is Col Arleen Saenger, Chief, Physical Standards, AFMOA/SGOA, 110 Luke Avenue, Room 405, Bolling AFB, DC 20332-7050, DST 297-4200, e-mail: arleen.saenger@usafsg.bolling.af.mil.



PAUL K. CARLTON, JR.
Lieutenant General, USAF, MC, CFS
Surgeon General

Attachment:
Waiver Criteria & Documentation

cc:
AFROTC/CC
AFRS/CC
HQ USEUCOM/ECMD
USCENTCOM/CCSG

**PHOTOREFRACTIVE KERATECTOMY (PRK) AND
LASER ASSISTED IN-SITU KERATOMILEUSIS (LASIK)
ACCESSION WAIVER CRITERIA AND DOCUMENTATION**

Waiver Criteria: Individuals who have had PRK or LASIK may be considered for an accession (enlistment, commissioning and appointment) waiver, if the following criteria are met. These criteria represent the consensus opinion of the three Services' ophthalmology consultants.

- Pre-operative refractive error did not exceed +8.00 to -8.00 diopters (spherical equivalent) in either eye.
- Post-procedure best spectacle corrected visual acuity is 20/20 in each eye that had the procedure. (Note: this is more stringent than accession standards for those who have not had corneal refractive surgery, due to the somewhat higher risk PRK and LASIK poses to vision).
- At least 12 months since the date of the last surgery (or most recent enhancement procedure).
- No significant side effects secondary to the surgery affecting daily activities.
- Stable post-op refraction defined as two retractions performed six months apart with no more than 0.50 diopter change in the spherical equivalent of either eye.
- Ophthalmologic exam reveals no lattice degeneration, retinal detachment or other ocular pathology associated with myopia or hyperopia

Required Documentation:

- Documentation of all of the above information from the surgeon performing the procedure.
- Current comprehensive eye examination performed by an ophthalmologist or optometrist. This evaluation must address each of the waiver criteria.
- 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. These should be included in the health record.