

Table 8: Corneal Refractive Surgery Information Required

<u>Corneal Refractive Surgery Information Worksheet</u>			
<u>Flight Applicant Identification:</u>			
Last Name: _____ First Name: _____ Middle Initial: _____			
<u>Procedure History:</u>			
1. <u>Procedure Date(s):</u> _____			
Type: <input type="checkbox"/> PRK <input type="checkbox"/> LASEK <input type="checkbox"/> LASIK			
Eye: <input type="checkbox"/> Both <input type="checkbox"/> Right <input type="checkbox"/> Left			
2. <u>Pre-op Refraction:</u> Pre-op refraction standard for info only: Sphere -6 to +4 and Cylinder -3 to +3; use sphere equivalent calculation (sphere + ½ cylinder) to determine if meets info only standards. Values outside the above require an AMS.			
OD Sphere _____ Cylinder _____ Axis _____			
OS Sphere _____ Cylinder _____ Axis _____			
AMS waiverable pre-op refraction: Sphere -8 to +4			
<input type="checkbox"/> Pre-op refraction not available – If pre-op refraction is not available a dilated fundus exam with scleral depression is required.			
Dilated fundus exam with scleral depression: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal			
<u>Current Optometry Exam</u> Date: _____			
Optometry Exam: Minimum of 6 weeks post-op for those already on flight status and 3 months for all applicants.			
3. <u>Refraction Post-operative:</u>			
<input type="checkbox"/> Manifest – Only if eyewear is necessary for 20/20 and no cycloplegic done.			
<input type="checkbox"/> Cycloplegic – Only required for pilot candidates (1A/1W and RO/RW FDMes);			
OD Sphere _____ Cylinder _____ Axis _____			STD: Cyclo: Sphere: -1.5 to +3.0 Cylinder: -1 to +1
OS Sphere _____ Cylinder _____ Axis _____			
4. <u>Visual Acuity:</u>			
Distant: OD 20/ _____ Corrected to 20/ _____ OS 20/ _____ Corrected to 20/ _____			
Near: OD 20/ _____ Corrected to 20/ _____ OS 20/ _____ Corrected to 20/ _____			
5. <u>Intraocular Tensions:</u>			
OD _____ OS _____			STD: 1. ≤21 mm Hg. If less than 8 mm Hg requires optometry note stating otherwise normal. 2. Difference of <4 mm Hg between eyes
6. <u>Slit Lamp Exam (SLE for Haze)</u>			
OD: 0 1 2 3 4 <input type="checkbox"/> Non-pathologic for 1+			
OS: 0 1 2 3 4 <input type="checkbox"/> Non-pathologic for 1+			
7. <u>Corneal Topography (required):</u>			
<input type="checkbox"/> Acceptable			
<input type="checkbox"/> Abnormal			
Reason abnormal: _____			
8. <u>Low Contrast Sensitivity (LCS):</u>			
OD: 20/ _____			STD: LCS 20/60 or better each eye or comment as below.
OS: 20/ _____			
<input type="checkbox"/> Contrast sensitivity testing not readily available. Applicant denies difficulty with night vision, glares, halos, or visual distortions.			
Note: If SLE Haze = 1+ normal low contrast sensitivity testing plus annotation it is non-pathologic is required.			
Submitted by: _____ Date: _____			
Contact Info: _____			
Upload form to AERO or fax or e-mail to USAAMA staff:			
Phone 334-255-0749/0750 (DSN 558)			
Fax: 334-255-0747			
E-mail: usarmy.rucker.medcom-lahc.list.lahc-aero-helpdesk@mail.mil			