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5 Sep 06

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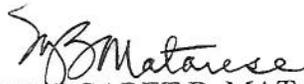
FROM: HQ USAF/SGOP  
110 Luke Avenue, Room 400  
Bolling AFB, DC 20032-7050

SUBJECT: Corneal Refractive Surgery Policy Letter

The Air Force Corneal Refractive Surgery (CRS) program has been a great success, both for aviators and warfighters. Yet, as with any significant clinical innovation, CRS has presented many programmatic challenges, reference the myriad policy letters over the years. As part of our ongoing attempt to balance demand for the procedures with attention to aeromedical concerns, experts from the fields of CRS and aeromedical standards from all three Services met in June 2006 to examine the current science regarding CRS and advise regarding potential policy changes. That meeting was extremely fruitful and yielded many policy changes that should simplify the CRS program.

The attached policy guidance collects all official guidance for Aviation and Warfighter CRS programs into one document, reflects technical advances in CRS, updates programmatic requirements with respect to aeromedical concerns, and supersedes all previous letters, same subject. Additional guidance, primarily of a clinical nature, can be found at the CRS Registry website [http://www.brooks.af.mil/web/consult\\_service/opto\\_sect/crs.htm](http://www.brooks.af.mil/web/consult_service/opto_sect/crs.htm).

Please direct questions to Col Charles Cotta, AFMOA/SGPA, Bolling AFB, DC 20032-7050, e-mail: [charles.cotta@pentagon.af.mil](mailto:charles.cotta@pentagon.af.mil) or DSN 297-4200.

  
MARGARET B. MATARESE, Col, USAF, MC, CFS  
Chief, Aerospace Medicine Policy and Operations  
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Attachment:  
CRS Policy Guidance

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5 September 2006

***AVIATION, AVIATION-RELATED SPECIAL DUTY, AND WARFIGHTER  
CORNEAL REFRACTIVE SURGERY (CRS) PROGRAM***

This policy establishes eligibility, procedures, restrictions and recording requirements for Air Force (AF) members participating in and supporting the Air Force CRS Program (formerly managed under separate Warfighter and Aviation CRS policies.) CRS is elective surgery and not a medical benefit. AF-authorized CRS procedures may be performed within AF guidelines to reduce the dependence on optical eyewear and to enhance operational performance in the best interest of the AF. There is no requirement for any AF member or applicant to any AF career to obtain refractive surgery.

This policy requires the collection and maintenance of information protected by the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Authority to collect and maintain records prescribed in this policy is outlined in Title 10, United States Code, Section 8013 and Executive Order, 9397. Privacy Act System Notice F044, Aircrew Standards Case File, applies.

**Chapter 1— General Information and Administrative Procedures**

**Chapter 2— Aviation, Aviation-Related Special Duty, Warfighter Definitions & Program Guidance**

**Chapter 3— Responsibilities**

**Chapter 4— Applicants to Aviation and Aviation-Related Special Duty Flying Training Programs**

**Chapter 5— Trained Aviation and Aviation-Related Special Duty Personnel**

**Chapter 6— Warfighter Personnel**

**Attachments**

**ATTACHMENT 1 - GUIDANCE FOR TRAINED AVIATION AND AVIATION-RELATED  
SPECIAL DUTY PERSONNEL CONSIDERING WAVEFRONT GUIDED  
(WFG) LASER-ASSISTED IN SITU KERATOMILEUSIS (LASIK)**

## Chapter 1

### General Information and Administrative Procedures

1.1. This policy allows eligible Air Force (AF) Active Duty (AD) and AF Reserve Component (ARC- includes AF Reserve and Air National Guard) members to undergo elective corneal refractive surgery (CRS) designed to reduce dependence on spectacles or contact lenses.

1.2. This policy supersedes prior AF CRS policies and memoranda. CRS is intended to reduce operational disadvantages related to wear and care of spectacles and contact lenses by AF personnel engaged in certain occupational specialties. Participation by AF members in this program is absolutely voluntary. CRS is not considered a medical benefit. Though CRS may be operationally beneficial in some personnel, it is considered an elective procedure. There is no requirement for any member to obtain any form of CRS. Any individual requesting CRS should read and understand the benefits, limitations and risks associated with these procedures. Phototherapeutic Keratectomy (PTK) is a therapeutic application of excimer laser technology used for diseases of the anterior cornea. In the context of this policy, PTK is not a CRS procedure. PTK is considered only for medical management independent of the AF CRS program defined in this policy and requires its own aeromedical waiver for aviators.

1.3. For the purpose of this policy, CRS includes:

1.3.1. Advanced Surface Ablation (ASA) procedures.

1.3.1.1. Photorefractive Keratectomy (PRK).

1.3.1.2 Laser In-Situ Epithelial Keratomileusis (LASEK).

1.3.1.3. Epi-LASIK.

1.3.1.4. Wave-Front Guided Photorefractive Keratectomy (WFG-PRK).

1.3.2. Intra-Stromal Ablation (ISA) procedures.

1.3.2.1. Standard Laser In-Situ Keratomileusis (LASIK) and its variants.

1.3.2.2. Wave-Front Guided Laser In-Situ Keratomileusis (WFG-LASIK) also called custom ablation.

1.3.2.3. Technological advances of the basic LASIK procedure, such as femtosecond technology, "all laser LASIK."

1.4. Other CRS procedures are not authorized, such as Radial Keratotomy (RK), Intrastomal Corneal Ring Segments (INTACS), phakic intraocular lenses (IOLs), and clear lens procedures.

1.5. Compliance with this policy is mandatory. AF AD and ARC members who undergo unauthorized CRS treatment may be disqualified or restricted from certain duties or aircraft platforms. If AF vision standards cannot be met, the member may be disqualified from continued military service.

1.6. This policy details approved CRS procedures and policy requirements for all AF members. "Aviation and Aviation-related Special Duty" personnel were formerly managed under a separate "Aviation and Special Duty" policy (SG Policy #00-005 and related memoranda). Other AF members are considered "Warfighter" personnel and were managed under the "Warfighter" policy (SG Policy #03-002, #01-004, and related memoranda). This policy merges these prior policy documents and related memoranda into one

overall program called the AF CRS Program. Note that AF members of or applicants to defined aviation and aviation-related special duty career fields have unique requirements.

## Chapter 2

### Aviation, Aviation-Related Special Duty (AASD), Warfighter Definitions and Program Guidance

All Air Force (AF) Active Duty (AD), Air Reserve Component (ARC- includes AF Reserve and Air National Guard) personnel and applicants are managed under this guidance. AF AD and ARC personnel eligible for AD medical benefits, in compliance with this guidance, are authorized treatment at DoD CRS centers, post-CRS management, and consideration of CRS waivers. ARC personnel (identified by Air Force CRS program definitions) who are not eligible for AD medical benefits and others under certain circumstances, may undergo CRS at their own expense at civilian centers. AD and ARC Air Force members pursuing treatment at civilian CRS centers are responsible to meet appropriate pre-operative criteria, submit required application documents, obtain approval to proceed, and meet post-operative requirements. In the event that an AD or eligible-ARC member wishes to obtain CRS at his/her own expense from a civilian facility, he/she may do so only after the USAF Aviation CRS Registry has confirmed that adequate follow-up care is available and has provided written approval to proceed. Air Force guidance for elective surgery is found in AFI 48-123, *Medical Examinations and Standards*, AFI 41-101, *Managing Air Force Dental Services*, AFI 41-210, *Patient Administration Functions*, AFI 44-117, *Ophthalmic Services* and AFI 36-3003, *Military Leave Program*. Air Force CRS requirements for aviation applicants, trained aircrew and aviation-related special duty personnel, and Warfighter personnel are described in detail in chapters 4, 5 and 6 respectively. To be included under the AASD CRS program, members must meet both Air Force Specialty Code (AFSC) and Aviation Service Code (ASC) requirements as outlines below.

#### 2.1. Aviation Program AFSC Definitions: (AD, ARC, Aviation Applicants)

*(AFSC = Air Force Specialty Code, AFMAN 36-2105, Officer Classification & 36-2108, Enlisted Classification)*

2.1.1. This section outlines specific and general AF aviation-based career fields. Note: Some personnel hold AFSC career designations not considered aviation based, but are assigned to aviation duties, such as parachutists or flight test engineers. These non-aviation career personnel assigned to perform aviation-related duties are considered under the Aviation program as long as they remain qualified for their specific aviation-related duties.

2.1.2. Rated Officers:

2.1.2.1. Pilot (AFSC 11xx). UAV operators (11U) fall under the warfighter program.

2.1.2.2. Navigator (AFSC 12xx). UAV operators (12U) fall under the warfighter program.

2.1.2.3. Air Battle Manager (AFSC 13BX).

2.1.2.4. Flight Surgeon (AFSC 48xx).

2.1.3. Non-Rated Officers/Enlisted with assignment to aircraft/altitude chamber duties.

2.1.3.1. Flight Nurse (AFSC 46Fx).

2.1.3.2. Flight Test Engineer/Developmental Engineer (AFSC 62Ex).

2.1.3.3. Aerospace Physiologist (AFSC 43Ax).

2.1.3.4. Aerospace Medicine Technician (AFSC 4N0x).

2.1.3.5. Control and Recovery (AFSC 13Dx).

2.1.3.6. Aircrew Operations (AFSC 1Axxx). Airborne Linguists (1A8x1) fall under the

warfighter program.

2.1.3.7. Combat Control (AFSC 1C2xx and 1C4xx).

2.1.3.8. Pararescue (AFSC 1T2xx).

2.1.4. Members selected to or attending aviation AFSC-awarding programs or graduates who have been awarded an aviation AFSC as identified in paragraphs 2.1.2. and 2.1.3. above.

2.1.5. AASD Officers/Enlisted members with operational aircraft assignment.

2.1.6. Unmanned Aerial Vehicle (UVA) Operators (rated and non-rated aircrew).

2.1.7. AFSCs, not listed above, ordered to perform direct in-flight mission support.

## 2.2. Aviation Program ASC Definition: (AD, ARC, Aviation Applicants)

*(ASC = Aviation Service Code, AFI 11-401, Flight Management)*

2.2.1. The AASD CRS Program is intended for AF members whose primary duties involve in-flight and/or altitude chamber exposures including those career aircrew who are temporarily assigned to non-flight duties, such as staff or educational duties, while remaining qualified to return to flight duty. Also included are non-aviation AFSC personnel who are currently assigned to perform aviation-related duties. Non-career aviation personnel whose aviation-related duties are terminated or suspended will be managed under the Warfighter program. Aircrew who are permanently disqualified (medically or otherwise) or permanently cross-trained out of aviation duties are managed under the Warfighter personnel guidance. Aviation and non-aviation career members as defined in 2.1. above should be assigned an ASC which consists of a two-character code reflecting aviation career status and flight pay benefits (see AFI 11-401, *Flight Management*). The ASC is specific for officer versus enlisted aviation career personnel, is modified based on years of aviation service, identifies non-aviation career personnel assigned to flight duties, and if the member is active, inactive, disqualified, or suspended from flight duties. The member's military personnel center will have record of his/her current ASC.

2.2.2. Valid and invalid first and second ASC characters are described below. Not all combinations of 1<sup>st</sup> and 2<sup>nd</sup> ASC characters listed are in use. An Aviation ASC that places an AF member under the AASD CRS program must be a combination of two valid and "eligible" characters (i.e., 3A, AA, etc.). Examples: ASC valid and eligible for AASD CRS – 3A ("3" rated aviation officer with "A" active operational flying duties); ASC valid but not eligible for AASD CRS - 00 ("0" career aircrew "0" administratively disqualified from flight duties); invalid ASC- 6C (code meaning: "6" is senior career aircrew, "C" is non-aircrew "operational support"). Note: Members selected to or in attendance at an aviation program or graduates recently awarded aviation AFSC may not have a valid ASC. Contact the USAF Aviation CRS Registry (DSN 240-4514, commercial (210)-536-4514) if there is a CRS-related ASC question.

### 2.2.2.1. First ASC Character.

2.2.2.1.1. AASD Eligible: 1, 2, 3, 4, 5, 6, 7, 8, 9, A, B, C, D, E, F, G, or H.

2.2.2.1.2. AASD Not Eligible: "0."

2.2.2.1.3. Invalid first characters: Letters I through Z.

### 2.2.2.2. Second ASC Character.

2.2.2.2.1. AASD Eligible: 9, A, D, E, G, K, L, S, T, U, V, X, or Z.

2.2.2.3. AASD Eligible: "C or J" - if actively ordered, on standby or banked to perform in-flight duties.

2.2.2.3.1. AASD Eligible: "9, U, or X" - but may not be treated within 12 months of training start or during training program.

2.2.2.3.2. AASD Not Eligible: "0, 1, 2, 3, 4, 5, 6, or 8."

2.2.2.3.3. AASD Not Eligible: "P or R" - indicates separated or retired status.

2.2.2.3.4. In-valid second characters: Alphanumerics - 7, B, F, H, I, M, N, O, Q, Y.

### **2.3. Warfighter Program AFSC Definition: (AD, ARC, Non-Aviation Applicants)**

2.3.1. All other AF personnel not specifically defined by criteria detailed in Paragraph 2.1.,(Program AFSC Definition above) and Paragraph 2.2., (Program ASC Definition above).

### **2.4. Guidelines for Treatment Prioritization Determinations**

2.4.1. Eligible AF personnel will be assigned the following priority for elective CRS.

**2.4.1.1. Priority I:** Personnel assigned to AF AASD career fields as defined in Chapter 2. This does not include former aviators permanently disqualified or cross-trained from aviation career duties.

**2.4.1.2. Priority II:** Personnel whose routine military duties require wear of Night Vision Goggles (NVG), eye protection, or respiratory protection. This does not include nuclear biological chemical (NBC) masks worn only for deployment.

**2.4.1.3. Priority III:** Personnel who do not meet any of the above criteria in his/her current military duties.

## Chapter 3

### Responsibilities

#### 3.1. Member (Air Force (AF) personnel – Active Duty (AD) or Air Reserve Component (ARC)

3.1.1. AD member must obtain his/her squadron commander's permission and application endorsement. ARC members must obtain approval from commander to continue in special duty career fields.

3.1.2 Members under Aviation and Aviation-Related Special Duty (AASD) corneal refractive surgery (CRS) policies must also obtain authorization from the USAF CRS Registry.

3.1.3 May not proceed until specific program requirements are met and granted "Permission to Proceed" authorization.

3.1.4. May undergo only authorized CRS procedures IAW this policy.

3.1.5. Must submit CRS application and required supporting documentation/evaluation IAW specific program requirements.

3.1.6. Must coordinate with and inform squadron commander, flight surgeon (FS)/primary care manager (PMC), and eye clinic of CRS application, treatment, and follow-up evaluations, as required. Must notify FS/PCM and eye clinic that he/she has undergone CRS as soon as practical after procedure to arrange follow-up.

3.1.7. Must comply with and accomplish all required referral and follow-up evaluations. AASD personnel may be grounded if non-compliant.

3.1.8. Must read the Food and Drug Administration required refractive surgery informational booklet as well as material posted on the AF CRS website:  
([http://www.brooks.af.mil/web/consult\\_service/opto\\_sect/crs.htm](http://www.brooks.af.mil/web/consult_service/opto_sect/crs.htm)) prior to CRS.

#### 3.2. Member's Squadron Commander

3.2.1. Must maintain working understanding of AF CRS programs and requirements.

3.2.2. May grant or deny permission for CRS treatment based on best interests of AF.

3.2.3. Must certify if member meets the AF AASD or Warfighter Program definition and requirements.

3.2.4. Must certify if member's AF retainability meets the appropriate program requirements (see Chapters 4, 5, or 6) and assign prioritization category (see para 2.4.).

3.2.5. When CRS is not available or authorized locally, must authorize unit-funded TDYs for CRS treatment at DoD facilities for AD/ARC Pilots and AD/ARC In-Flight Refuelers. Other AASD personnel may be authorized unit-funded or permissive TDY. Leave status is not authorized for treatment at DoD CRS Centers. TDY en route should be authorized only after careful coordination for follow-up care.

3.2.6. Must enforce operational restrictions following CRS.

3.2.7. Squadron commanders are strongly encouraged to require that post-CRS pilots accomplish the following sorties (as applicable to the unit's mission) with an instructor pilot in order to assure operational safety after CRS: first day and night sortie; first night refueling; first night formation flight commanders will forward memorandum to member's flight surgeon indicating the member's readiness to return to full mission qualification status.

### 3.3. FS (For personnel under AASD CRS program)

3.3.1. Must maintain working understanding of AF CRS programs and requirements.

3.3.2. Will serve as point of contact for personnel during the Aviation CRS application, treatment, and post-CRS management. Monitor all CRS-treated aircrew. Will ensure compliance with this policy.

3.3.3. Will oversee and coordinate clinical screening, referral, and post-CRS evaluations with local eye care professional.

3.3.4. Will initiate 4-T profile (not world-wide qualified [WWQ]) when member returns from CRS. Member should not deploy or PCS while on steroid treatment (duration of post-CRS steroid treatment can be four months or longer).

3.3.5. Will accomplish appropriate grounding actions and waiver recommendations.

3.3.5.1. Submit aeromedical summary and all required waiver documentation in the Aeromedical Information Management Waiver Tracking System (AIMWTS) for forwarding to the waiver authority. Waiver authority will grant waivers only after all required information is entered in AIMWTS and sent to the USAF Aviation CRS Registry (see Para 3.7). **Return to flight status before waiver completion is no longer authorized.**

3.3.5.2 Must forward copies of all Aviation CRS pre-operative, operative, post-operative, and CRS-related incident documents and any supporting documents, if required or requested, in a timely manner to USAF Aviation CRS Registry, USAFSAM/FECO, 2507 Kennedy Circle, Brooks-City Base, TX 78235-5116.

3.3.6. Will provide squadron education briefings on CRS and policy. These may be in conjunction with the local optometrist/ophthalmologist.

### 3.4. PCM (For personnel under the Warfighter program).

3.4.1. Must maintain working understanding of AF CRS programs and requirements, through reading this policy and through professional staff briefings by flight surgeons and/or optometry staff.

3.4.2. Must manage 4-T profile (not WWQ, in coordination with local eye clinic) when member returns from CRS. Member should not deploy or PCS while on steroid treatment (duration of post-CRS steroid treatment can be four months or longer).

### 3.5. Local Optometrist/Ophthalmologist.

3.5.1. Must maintain working understanding of AF CRS programs and requirements.

3.5.2. Will serve as POC for Warfighter personnel during the Warfighter CRS application, treatment and post-CRS management. Initiate 4-T profiles for Warfighter personnel in coordination with member's PMC). Monitor all CRS-treated AF personnel. Ensure policy compliance.

3.5.3 AF eye care providers must attend the USAF CRS for Warfighters Workshop, USAF School of Aerospace Medicine, Brooks City-Base, TX, at the earliest possible opportunity based on local mission requirements. If local operational mission requirements prevent the eye care professional from attending this training before beginning CRS care, the eye care professional's unit commander should request a waiver from the USAFSAM/FECO with USAF/SG Optometry Consultant endorsement. These waivers are usually valid only until the next scheduled workshop. Refresher workshop attendance is highly recommended every four years at a minimum. For workshop information, contact USAF Aviation CRS Registry, USAFSAM/FECO, 2507 Kennedy Circle, Brooks-City Base, TX 78235-5116, commercial (210) 536-4514 (DSN) 240-4514.

3.5.4. Will coordinate and accomplish clinical screening, referral/application, and post-CRS evaluations IAW this policy.

3.5.4.1. Will use AF-approved CRS application and post-CRS evaluations forms available at website: [http://www.brooks.af.mil/web/consult\\_service/opto\\_sect/crs.htm](http://www.brooks.af.mil/web/consult_service/opto_sect/crs.htm).

3.5.4.2. Will sign co-management agreement no earlier than one month prior to planned CRS treatment, agreeing to be responsible for performing any necessary post-op care.

3.5.4.3 For Warfighter Program: Will manage physical profile in conjunction with member's PCM. Certify the member has no CRS-related duty restrictions and meets vision requirements for "Return to Duty" determinations

3.5.4.4. For AASD Program: Will certify the member has no CRS-related duty restrictions and meets flight vision standards. Advise member's FS on aircrew's status.

3.5.5. Must report aircrew grounded for unexpected CRS-related events using post-op evaluation form.

3.5.6. Must forward copies of all post-operative evaluations and reports and supporting documents in a timely manner:

3.5.6.1. For AASD personnel, to: USAF Aviation CRS Registry, USAFSAM/FECO, 2507 Kennedy Circle, Brooks-City Base, TX 78235-5116, as well as to the member's FS for inclusion in AIMWTS and treating DoD CRS Center when applicable.

3.5.6.2. For Warfighter Program, to treating DoD CRS Center.

3.5.7. Support FS's squadron and professional staff education briefings on CRS and related policies.

### **3.6. AF CRS Centers.**

3.6.1. Refer to and comply with CRS clinical practice guidelines published by USAF/SG CRS Consultant.

3.6.2. Review and provide clinical quality control of referral documentation. Certify eligibility for appropriate program. Ensure member has been authorized to undergo CRS. For AASD personnel, must have received an "Approved to Proceed" endorsement from the USAF Aviation CRS Registry and be within six months of the signature date of his/her commander's authorization.

3.6.3. CRS Scheduling.

3.6.3.1. Will notify Warfighter individuals of clinical eligibility and coordinate CRS scheduling.

3.6.3.2. Will coordinate scheduling for AASD personnel once they have received "Permission to Proceed" authorization from the USAF Aviation CRS Registry.

3.6.3.2.1. AD and ARC (eligible for AD elective surgery benefits) pilots requesting Advanced Surface Ablation (ASA) procedures may have them performed at any DoD CRS center approved by the AF CRS Registry. The AF CRS Registry must still review all pre-op documentation for these individuals before granting "Permission to Proceed." In-person pre-op evaluation at the Aeromedical Consultation Service (ACS) is not routinely required for these individuals; however, the ACS may require in-person evaluation of truly complicated cases.

3.6.3.2.2. AD and ARC (eligible for AD elective surgery benefits) pilots and in-flight refuelers requesting Intra-Stromal Ablation (ISA) are required to undergo additional CRS evaluation at the USAF Aviation CRS Registry (USAFSAM/FECO, Brooks City-Base,

TX) and treatment at Wilford Hall Medical Center (Lackland AFB, TX) on unit funded TDY status. Pilots will receive follow-up care at Wilford Hall Medical Center as directed by Aviation CRS Consultant. In-flight refuelers receive follow-up care locally.

3.6.3.2.3. All other aviation and aviation-related special duty personnel are scheduled for treatment by the treating CRS facility with follow-up at local eye care clinic.

3.6.4. Will complete final pre-operative clinical evaluation, final treatment decision/plan, informed consent documentation, CRS treatment and initial follow-up as outlined on USAF CRS Registry website.

3.6.5. Will provide quarterly reports on status of CRS in AF personnel to USAF Aviation CRS Registry.

3.6.5.1. Number of CRS treatments (by quarter and total) by surgical type and prioritization category.

3.6.5.2. Statistics on pre-operative status and post-operative CRS outcome status.

3.6.5.3. Any significant vision complaints/complications/trends.

3.6.6. Must report aircrew grounded for CRS-related events using AF Post-CRS form available at website: [http://www.brooks.af.mil/web/consult\\_service/opto\\_sect/crs.htm](http://www.brooks.af.mil/web/consult_service/opto_sect/crs.htm).

### **3.7 Waiver Authority (AASD only).**

3.7.1. Owning MAJCOM is waiver and certification authority for owned assets (may not be delegated to local waiver authority).

3.7.2. Must ensure CRS-treated aircrew are identified and all required aviation-related documentation (application, surgical documentation, post-CRS evaluations, and any CRS-related incidents) is forwarded to the USAF Aviation CRS Registry, USAFSAM/FECO, 2507 Kennedy Circle, Brooks City-Base, TX.

3.7.3. Completes aircrew waiver actions in AIMWTS. For active pilots, may grant a time-limited waiver (typically two months) in order for the pilot to complete recommended post-CRS evaluation sorties noted in paragraph 3.2.7. For inactive pilots, may grant a time-limited waiver sufficient to accommodate the pilot's anticipated return to active flying duty, not to exceed 12 months. For all other trained aviators and special operational duty personnel, may grant an initial waiver for 12 calendar months from the time of surgery.

### **3.8. USAFSAM/FECO-USAF Aviation CRS Registry.**

3.8.1. Will develop and provide aviation CRS application, post-CRS, and related documents in coordination with the USAF/SG CRS Consultant.

3.8.2. Will develop and maintain web-based information source on AF CRS policy/programs and related documents at: [http://www.brooks.af.mil/web/consult\\_service/opto\\_sect/crs.htm](http://www.brooks.af.mil/web/consult_service/opto_sect/crs.htm)

3.8.3. Will review all AF aviation CRS applications and grant "Permission to Proceed" if clinical and program criteria are met.

3.8.4. For AASD personnel, will notify member's flight medicine clinic of member's application status.

3.8.5. Will develop and maintain database of AF Aviation CRS applications, post-CRS evaluations, and CRS-related incidents.

3.8.6. Will develop and review referral screening criteria with USAF/SG CRS Consultant.

3.8.7. Will accomplish advanced clinical pre- and post-op (ISA) evaluations on AD and ARC pilots and in-flight refuelers. Note: This in-person follow-up at USAFSAM is no longer required for individuals who have undergone an approved ASA procedure but is still required after ISA.

3.8.8. Will develop and provide CRS education for AASD and Warfighter personnel.

3.8.9. Will educate and certify AF eye care providers for CRS management.

3.8.10. Must provide quarterly reports on AF CRS status to AFMOA/SGPA. These reports will include at a minimum:

3.8.10.1. Number of CRS applications and "Permission to Proceed" determinations.

3.8.10.2. Numbers of CRS waivers (by quarter and total) by crew position.

3.8.10.3. DNIF Days.

3.8.10.4. Statistics on Pre- and Post-CRS vision tests.

3.8.10.5. Any significant visual complaints/trends.

3.8.11. Develop and validate new tests to assess visual performance after CRS as the foundation for USAF/SG to update CRS aeromedical standards.

### **3.9 USAF/SG CRS Surgery Consultant**

3.9.1. Will provide CRS treatment and post-CRS examinations.

3.9.2. Will develop and review AASD, and Warfighter Program clinical inclusion and exclusion criteria.

3.9.3. Will develop and review AASD, and Warfighter Program referral criteria in coordination with USAFSAM/FECO.

3.9.4. Will coordinate procedures and management of all AF CRS centers.

3.9.5. Will develop and provide AF CRS application, post-CRS, and related documents in conjunction with USAFSAM/FECO.

3.9.6. Will develop and maintain web-based information source on AF CRS policy/programs and related documents in conjunction with USAFSAM/FECO.

### **3.10. USAF/SGOP Chief, Aerospace Medicine Policy and Operations, or USAF/SG designee.**

3.10.1. Will provide AF Aviation/Warfighter CRS policy and updates as required.

3.10.2. Will provide quarterly updates on status of CRS in AF personnel to USAF/SG.

## Chapter 4

### Applicants to Aviation and Aviation-Related Special Duty (AASD) Flying Training Programs

Applicants to Active Duty (AD) AASD flying training programs (see Chapter 2 for definitions) must follow requirements set in this chapter. Applicants for ARC AASD training programs may be eligible for corneal refractive surgery (CRS) treatment and/or post-operative follow-up if they are eligible for AD medical care otherwise and are not specifically excluded for certain procedures as set in this chapter. After beginning flight training, guidance and requirements set in Chapter 5 must be met.

#### 4.1. Authorized CRS Procedures:

4.1.1 Photorefractive Keratectomy (PRK) or any variant of a surface ablation procedure, including Laser Assisted In-situ Epithelial Keratomileusis (LASEK) and Epi-LASIK collectively referred to as Advanced Surface Ablation (ASA).

4.1.2. No other refractive surgery procedures are authorized, to include, but not limited to: Laser In-Situ Keratomileusis (LASIK), Phototherapeutic Keratectomy (PTK), Radial Keratotomy (RK), intracorneal rings (INTACS), Clear Lens procedures, and phakic intraocular lenses (IOLs).

#### 4.2. Pre-CRS Criteria (documentation of pre-CRS status must be provided).

4.2.1. Pilot training applicants must meet Pre-CRS refractive error limits listed in Table 4.1 below. All other applicants for aviation and aviation-related training must meet appropriate Food and Drug Administration limits for the surgical equipment with which their CRS is performed. The treating surgeon may further limit pre-op refractive error according to his/her clinical judgment.

**Table 4.1**  
**Pre-CRS Cycloplegic Refractive Error Limits for Pilot Training Applicants**

	<b>Pilot Applicants</b>
<b>Myopia (Most myopic plane)</b>	≤ -5.50 Diopters
<b>Hyperopia (Most hyperopic plane)</b>	≤ +0.50 Diopters
<b>Astigmatism</b>	≤ 3.00 Diopters
<b>Anisometropia</b>	≤ 2.50 Diopters

4.2.2. No medical history of active ophthalmic disease, corneal neovascularization within one millimeter of intended ablation zone, central crystalline lens opacifications (i.e., post-subcapsular cataracts), severe dry eyes, excessive pupil enlargement, glaucoma, intraocular pressure (IOP) greater than 22 mm Hg, keratoconus, topographical pattern suggestive of keratoconus (TSPK), corneal irregularity, and/or abnormal videokeratography in either eye. Predisposing disorder to glaucoma development (i.e., pigment dispersion syndrome with IOP greater than 22 mm Hg) is not an absolute disqualifier and should be left to the judgment of the treating surgeon.

4.2.3. No concurrent topical or systemic medication which may impair healing, including but not limited to, corticosteroids, antimetabolites, isotretinoin (Accutane®), amiodarone hydrochloride (Cordarone®), and sumatriptan (Imitrex®).

4.2.4. No medical conditions which, in the judgment of the treating corneal refractive surgeon, may impair healing, including but not limited to, collagen vascular disease, autoimmune disease,

immunodeficiency disease, ocular herpes zoster or simplex, and endocrine disorders, including but not limited to thyroid disorders and diabetes.

### **4.3. Post-CRS Requirements.**

#### **4.3.1. Demonstrated Post-CRS Refractive Stability Requirement.**

4.3.1.1. No more than 0.50 Diopter shift in manifest sphere or cylinder refractive power between two documented post-CRS examinations at least three months apart.

4.3.2. No subjective complaints of glare, haze, halos, diplopia, or night vision difficulty.

4.3.3. Members must be, at a minimum, 12 months post-CRS before accession. Members must have an optometric evaluation dated at or after the 12-month mark before entering AD/Reserve status.

4.3.4. AF Academy pilot applicants must be at least 12 months post-CRS and have successfully met all Medical Flight Screening (MFS) standards prior to attending Undergraduate Pilot Training (UPT). Non-AF Academy pilot applicants must be at least 12 months post-CRS and have successfully met all initial MFS standards as well as Aeromedical Consultation Service (ACS) CRS evaluation prior to attending UPT.

4.3.5. Upon completion of flight training, member must comply with follow-up schedule as set in this policy for trained aircrew, as appropriate.

4.3.6. Newly graduated pilots will complete a second ACS CRS evaluation upon graduation from UPT or three years after first evaluation, whichever is later.

### **4.4. Required USAF Aviation CRS Registry Documentation.**

4.4.1. Forward all CRS-related exams and all clinical data for any CRS-related incidents, if not documented in required post-op evaluations to the AF Aviation CRS Registry.

### **4.5. Waiver Process.**

4.5.1. The examining flight surgeon (FS) must enter all pre- and post-CRS documentation in the Physical Examination Processing Program (PEPP) and in Aeromedical Information Management Waiver Tracking System (AIMWTS), including the documentation of those applicants who are medically disqualified at the time of their initial flying class physical examination.

4.5.2. HQ AETC/SG is waiver and certification authority for initial CRS waivers for all AASD applicants; owning MAJCOM is waiver and certification authority for renewals.

4.5.3. Initial term of waiver validity will not exceed one year (twelve calendar months); first waiver renewal will be for one year; subsequent renewals may be for two or three years at MAJCOM discretion. CRS waivers will not be indefinite.

4.5.4. Aeromedical summary accompanying the initial Flying Class I examination must include documentation that all clinical criteria are met.

## CHAPTER 5

### Trained Aviation and Aviation-Related Special Duty Personnel (AASD)

#### 5.1. Authorized CRS Procedures.

5.1.1. Photorefractive Keratectomy (PRK) or any variant of a surface ablation procedure including Laser Assisted In-situ Epithelial Keratomileusis (LASEK) and Epi-LASIK, collectively referred to as Advanced Surface Ablation (ASA).

5.1.2. Laser In-situ Keratomileusis (LASIK) and its variants, collectively referred to as Intra-Stromal Ablation (ISA). Femtosecond laser technique is preferred when available and clinically acceptable to the patient and surgeon.

5.1.2.1. Members whose duties require flying in certain airframes are not authorized LASIK. Further guidance in Attachment 1.

5.1.2.2. Aerospace Physiologists (AFSC 43Ax), Aerospace Physiology Technicians (AFSC 4M0x1), and Operational Support Fliers (ASC 9C) members expected to be routinely exposed to cabin altitude or altitude chamber pressures higher than 14,000 feet are not authorized LASIK.

5.1.3. No other refractive surgery procedures are authorized, to include, but not limited to: Phototherapeutic Keratectomy (PTK), Radial Keratotomy (RK), intracorneal rings (INTACS), Clear Lens procedures, and phakic intraocular lenses (IOLs).

#### 5.2. Pre-CRS Criteria. (Qualified Active Duty (AD) and Air Reserve Component (ARC) AASD personnel).

5.2.1. Refractive error limits do not exceed those of the Food and Drug Administration limits of the equipment with which the procedure is accomplished.

5.2.2. Applicants must demonstrate stable refractions with no more than 0.50 Diopter shift in manifest sphere or cylinder power between two or more refractions at least three months apart. The more recent refraction must be no more than twelve months old.

5.2.3. Normal Corneal Topography (CT) – no evidence of abnormal corneal surface topography, to include corneal irregularity, abnormal videokeratography, keratoconus, and/or “Topographical Pattern Suggestive of Keratoconus (TPSK) in either eye.

5.2.4. No history or evidence of (including but not limited to): active ophthalmic disease, corneal neovascularization within 1 mm of intended ablation zone, central crystalline lens opacifications (i.e., post-subcapsular cataracts), severe dry eyes, keratoconjunctivitis sicca, uveitis, keratitis, excessive pupil enlargement, glaucoma, or retinal pathology. Predisposing disorder to glaucoma development (i.e., pigment dispersion syndrome with interocular pressure (IOP) greater than 22 mm Hg) is not an absolute disqualifier for CRS and should be left to the judgment of the treating surgeon.

5.2.5 Not currently pregnant or breastfeeding. Must have a stable refraction as measured by less than 0.5 Diopter change in spherical or cylinder measurements taken at least two weeks apart. Generally, this may be at least six months post-partum or after discontinuing breastfeeding.

5.2.6. Not using concurrent topical or systemic medication which may impair healing, including but not limited to: corticosteroids, antimetabolites, isotretinoin (Accutane®), amiodarone hydrochloride (Cordarone®), and/or sumatriptan (Imitrex®).

5.2.7. No history of medical conditions which, in the judgment of the treating corneal refractive surgeon may impair healing, including but not limited to: collagen vascular disease, autoimmune disease, immunodeficiency disease, active or history of ocular herpes zoster or simplex, and endocrine disorders, including but not limited to, thyroid disorders and diabetes.

### 5.3. Aviation CRS Application Process.

5.3.1. AF aviation CRS application information and required application form is available on-line at: [http://www.brooks.af.mil/web/consult\\_service/opto\\_sect/crs.htm](http://www.brooks.af.mil/web/consult_service/opto_sect/crs.htm).

5.3.1.1. AD and ARC (eligible for AD elective surgery benefits) AASD personnel must have 12 months of AD retainability following planned CRS treatment.

5.3.2. If the applicant has a history of contact lens (CL) use, application must indicate date of the most CL parameters, and date of last contact lens wear.

5.3.2.1. For the examination portion of the application, contact lenses should be discontinued for at least 30 days for soft and at least 90 days for hard contact lens.

5.3.2.2. All CL use must be discontinued prior to actual CRS treatment. Before CRS, all contact lenses should be discontinued for at least 30 days for soft and at least 90 days for hard contact lens.

5.3.3. Applicant will submit all completed application and supporting documents to:

USAF Aviation CRS Registry	Com: (210) 536-4514	DSN: 240-4514
USAFSAM/FECO	FAX: (210) 536-1359	DSN: 240-1359
2507 Kennedy Circle		
Brooks-City Base, TX 78235-5116		

5.3.3.1. Copy of application and supporting documents should be maintained locally.

5.3.3.2. USAF Aviation CRS Registry reviews completed Aviation CRS application for program and clinical criteria.

5.3.3.3. USAF Aviation CRS Registry enters application data into database.

### 5.4. "Permission to Proceed" Information.

5.4.1. The CRS Registry accomplishes "Permission to Proceed" determinations. The following categories are assigned:

5.4.1.1. **Approved:** (*"Permission to Proceed" is granted*). Member is authorized to proceed with CRS treatment. Instructions to undergo CRS treatment will accompany this approval. Treatment must be completed within six months of the commander's approval date. The application process must be re-accomplished, if member is unable to accomplish CRS within this time period.

5.4.1.2. **Denied:** (*Applicant does not meet AASD personnel pre-CRS criteria*) (see 5.2 above). Applicant is not authorized to undergo CRS treatment IAW AASD CRS policies. Applicant may not undergo Warfighter or civilian CRS. *Note: Treatment under Warfighter policy or at a civilian facility, if previously denied under Aviation policy, may result in permanent disqualification from future aviation duties.*

5.4.1.3. **Deferred:** (*Additional information is required to finalize the determination*). Requests for additional clinical, demographic, administrative data, if required, are made to the member's flight surgeon (FS) (and eye care provider, as appropriate). It is the FS's and the member's responsibility to complete and submit request. If requested information is not provided in a timely manner to allow CRS treatment within six months of the commander's signature date, the application must be re-accomplished. CRS treatment is not authorized until application is processed and "Permission to Proceed" is granted.

5.4.1.4. **Reclassified:** (*Applicant does not meet AASD program criteria*) (see chapter 2). Applicant does not qualify for CRS treatment under AASD Duty program. Applicant may apply for CRS treatment IAW the Warfighter policies. Copy of the USAF Aviation CRS Registry's determination must accompany the Warfighter CRS application if CRS is pursued under that policy. *Note: Treatment under Warfighter policy may result in permanent non-waiverability for future aviation duties.*

5.4.2. A final CRS registry "Permission to Proceed" determination document will be sent to the member with a copy to the member's FS and eye care provider. Aviator may not undergo CRS prior to receipt of an approved "Permission to Proceed" from the USAF Aviation CRS Registry. It is the responsibility of the treating surgeon to insure that this requirement is met.

5.4.3. The member's FS will manage appropriate grounding, 4-T profile, aeromedical summary, and waiver submission into Aeromedical Information Management Waiver Tracking System (AIMWTS).

## 5.5. "Return to Flight Status" Duties and Waiver Requirements.

5.5.1. Complete post-CRS evaluation as set in this policy. Failure to comply with evaluations and submission of documentation may result in grounding (DNIF) until requirements are met.

5.5.2. The member's FS will submit aeromedical summary and all required waiver documentation in AIMWTS for forwarding to the waiver authority. Waiver authority will not grant any waivers until all required information is received in AIMWTS and sent to the USAF Aviation CRS Registry. **The practice of recommending return to flying status with a local AF Form 1042 prior to waiver approval by the Waiver Authority is no longer authorized.**

5.5.3. If corrective lenses are required to meet applicable vision standards, then they must be prescribed and worn. Contact lens wearers must carry spectacle back-ups when flying. If night vision goggles (NVG) are required for the duty position, then applicable NVG vision standards must be met.

5.5.4. Aviators may be granted waivers while on steroid eye drops after CRS once the member meets AF aviation vision standards to include applicable visual acuity standards as measured by two evaluations at least two weeks apart.

5.5.5. Aviators should not deploy or PCS while on steroid eye drops after CRS. Individuals who have had ISA are not deployable for at least one month after surgery, even if steroid eye drops have been discontinued before then. To clarify: after ASA, aviators will be non- world-wide qualified (WWQ)

until steroid eye drops are discontinued; after ISA, aviators will be non-WWQ until steroid eye drops are discontinued and at least one month has past.

5.5.6. AD and ARC aviator's FS will report CRS incidents to include aircrew grounded for CRS-related events and CRS re-treatments after initial return to flying status on the Aviation Post-Operative Exam Form and forward to the USAF Aviation CRS Registry

#### **5.6. Post-CRS requirements.**

5.6.1. Aircrew will have, at a minimum, post-CRS follow-up evaluations at 1-, 3-, 6-, 12-, 24- months, 4-year and every 5-year interval thereafter. Post-CRS evaluations will include, at minimum: Slit Lamp examination (SLE), to include assessment of corneal haze; uncorrected visual acuity (high and low contrast measures); Best-corrected Manifest Visual Acuity (high and low contrast measures); and IOP while on steroid eye drops.

5.6.2. Examination for Return to Flight waiver consideration will include a cycloplegic refraction.

5.6.3. If corrective lenses are required to meet flight standards, they must be prescribed and worn.

5.6.4. After undergoing ISA, AD and ARC pilots and in-flight refuelers must undergo 1-year, 2-year, 4-year and every subsequent 5-year interval post-operative CRS examinations at the Aeromedical Consultation Service (ACS) coordinated by his/her local FS through the appropriate MAJCOM. For all other AASD personnel, all post-CRS evaluation should be accomplished at the member's local eye care clinic, if member is eligible for AD medical care benefits. Note: ACS evaluation for pilots and in-flight refuelers undergoing ASA is no longer required.

5.6.5. ARC members, (other than pilots and in-flight refuelers undergoing ISA only) unless eligible for AD medical care benefits must accomplish required post-CRS evaluations at own expense from civilian CRS provider. Copies of post-CRS evaluation must be entered into member's medical record.

5.6.6. Any visual complaints or recommended duty restrictions must be documented in the medical record and included in the post-CRS evaluation documentation.

5.6.7. ARC aviator's FS will enter aeromedical summary into AIMWTS and forward copies of the required CRS pre-operative, operative, and post-operative documents to USAF Aviation CRS Registry

#### **5.7. Re-treatment of Aviation and Aviation-Related Special Duty Personnel.**

5.7.1. For the purpose of this program, retreatments are considered as a new treatment. Therefore, AF AASD personnel who desire or require retreatment must submit an Aviation CRS application to request retreatment IAW paragraph 5.3 (Aviation CRS Application Process). Treatment will not occur until "Permission to Proceed" authorization is received from the USAF Aviation CRS Registry.

until steroid eye drops are discontinued; after ISA, aviators will be non-WWQ until steroid eye drops are discontinued and at least one month has past.

5.5.6. AD and ARC aviator's FS will report CRS incidents to include aircrew grounded for CRS-related events and CRS re-treatments after initial return to flying status on the Aviation Post-Operative Exam Form and forward to the USAF Aviation CRS Registry

## **5.6. Post-CRS requirements.**

5.6.1. Aircrew will have, at a minimum, post-CRS follow-up evaluations at 1-, 3-, 6-, 12-, 24- months, 4-year and every 5-year interval thereafter. Post-CRS evaluations will include, at minimum: Slit Lamp examination (SLE), to include assessment of corneal haze; uncorrected visual acuity (high and low contrast measures); Best-corrected Manifest Visual Acuity (high and low contrast measures); and IOP while on steroid eye drops.

5.6.2. Examination for Return to Flight waiver consideration will include a cycloplegic refraction.

5.6.3. If corrective lenses are required to meet flight standards, they must be prescribed and worn.

5.6.4. After undergoing ISA, AD and ARC pilots and in-flight refuelers must undergo 1-year, 2-year, 4-year and every subsequent 5-year interval post-operative CRS examinations at the Aeromedical Consultation Service (ACS) coordinated by his/her local FS through the appropriate MAJCOM. For all other AASD personnel, all post-CRS evaluation should be accomplished at the member's local eye care clinic, if member is eligible for AD medical care benefits. Note: ACS evaluation for pilots and in-flight refuelers undergoing ISA is no longer required.

5.6.5. ARC members, (other than pilots and in-flight refuelers undergoing ISA only) unless eligible for AD medical care benefits must accomplish required post-CRS evaluations at own expense from civilian CRS provider. Copies of post-CRS evaluation must be entered into member's medical record.

5.6.6. Any visual complaints or recommended duty restrictions must be documented in the medical record and included in the post-CRS evaluation documentation.

5.6.7. ARC aviator's FS will enter aeromedical summary into AIMWTS and forward copies of the required CRS pre-operative, operative, and post-operative documents to USAF Aviation CRS Registry

## **5.7. Re-treatment of Aviation and Aviation-Related Special Duty Personnel.**

5.7.1. For the purpose of this program, retreatments are considered as a new treatment. Therefore, AF AASD personnel who desire or require retreatment must submit an Aviation CRS application to request retreatment IAW paragraph 5.3 (Aviation CRS Application Process). Treatment will not occur until "Permission to Proceed" authorization is received from the USAF Aviation CRS Registry.

## Chapter 6

### Warfighter Personnel

*(Other than Aviation and Aviation-Related Special Duty (AASD) Personnel).*

All Active Duty (AD) personnel not specifically defined by Chapter 2 of this policy are eligible for corneal refractive surgery (CRS) under the Warfighter guidance. AASD applicants and trained aircrew, as defined in Chapter 2, must follow guidance in chapters 4 and 5 respectively. AD members desiring to cross train into an aviation-related career must comply with guidance in Chapter 4 “Applicants to AASD Flying Training Programs.” Air Reserve Component (ARC) members eligible for AD elective surgery/medical benefits who are not specifically excluded for treatment may undergo DoD CRS treatment and/or post-operative management. ARC members not eligible for AD elective surgery benefits may undergo CRS at their own expense, but must meet appropriate pre-operative criteria, submit application documents, obtain approval to proceed, accomplish and meet post-operative requirements as set in this chapter.

#### **6.1. Authorized CRS procedures: Non-Aviation Air Force Warfighter Personnel:**

6.1.1. Photorefractive Keratectomy (PRK) or any variant of a surface ablation procedure, such as Laser-In-situ Epithelial Keratomileusis (LASEK) or Epi-LASIK collectively referred to as Advanced Surface Ablation (ASA).

6.1.2. Conventional Laser-In-Situ-Keratomileusis (LASIK), Wavefront Guided Laser In-Situ Keratomileusis (WFG-LASIK), also called Custom LASIK, and other technological advances such as femtosecond techniques collectively referred to as Intra-Stromal Ablation (ISA). Femtosecond laser technique is preferred when available and clinically acceptable to the patient and surgeon.

6.1.3. No other CRS procedures are authorized, to include but not limited to: Radial Keratotomy (RK) Clear Lens procedures, Phakic Intraocular Lenses (IOLs), and intracorneal rings INTACS).

#### **6.2. Pre-CRS Criteria:**

6.2.1. Refractive error limits do not exceed Food and Drug Administration limits of the equipment used to perform the surgery.

6.2.2. Normal Corneal Topography (CT) – no evidence of abnormal corneal surface topography, to include corneal irregularity, abnormal videokeratography, keratoconus, and/or “Topographical Pattern Suggestive of Keratoconus” (TPSK) in either eye.

6.2.3. No history or evidence of (including but not limited to): active ophthalmic disease, corneal neovascularization within 1 mm of intended ablation zone, central crystalline lens opacifications (i.e., post-subcapsular cataracts), severe dry eyes, keratoconjunctivitis sicca, uveitis, keratitis, excessive pupil enlargement, and glaucoma.

6.2.4. Predisposing disorder to glaucoma development (i.e., pigment dispersion syndrome with intraocular pressure (IOP) greater than 22 mm Hg), IOP greater than 22 mm Hg, and retinal pathology are not absolute contraindication, but will be addressed by the surgeon.

6.2.5. Not currently pregnant or breastfeeding. Must have a stable refraction as measured by less than 0.5 Diopter change in spherical or cylinder measurements taken at least two weeks apart. Generally, this may be at least six months post-partum or after discontinuing breastfeeding.

6.2.6. Not using concurrent topical or systemic medication which may impair healing, including but not limited to: corticosteroids, antimetabolites, isotretinoin (Accutane®), amiodarone hydrochloride (Cordarone®), and/or sumatriptan (Imitrex®).

6.2.7. No history of medical conditions which, in the judgment of the treating corneal refractive surgeon may impair healing, including but not limited to collagen vascular disease, autoimmune disease, immunodeficiency disease, ocular herpes zoster or simplex, and endocrine disorders, including but not limited to thyroid disorders and diabetes.

### **6.3. Warfighter CRS Application Process.**

6.3.1. Member will obtain squadron commander's approval/application form endorsement found at [https://kx.afms.mil/ctb/groups/dotmil/documents/afms/knowledgejunction.hcst?doctype=subpage&functionalarea=AerospaceMedicine&docname=CTB\\_014680](https://kx.afms.mil/ctb/groups/dotmil/documents/afms/knowledgejunction.hcst?doctype=subpage&functionalarea=AerospaceMedicine&docname=CTB_014680). as outlined in Chapter 3.

6.3.2. AD members may obtain approved CRS procedures through any DoD CRS Center.

6.3.3. DoD CRS Center contacts member regarding approval and schedules appointment for CRS. For ARC personnel not eligible to receive elective surgery at AF medical treatment facilities, the member must obtain the CRS and follow-up at own expense from civilian ophthalmologist.

6.3.4. IAW AFI 48-123, *Medical Examinations and Standards*, AD and ARC (eligible for AD elective surgery benefits) must not be performed within six months of a member's retirement or separation without the prior approval of HQ AFPC/DPAMM.

### **6.4. "Permission to Proceed" Information.**

6.4.1. Members undergoing CRS in Warfighter program may travel on permissive TDY or unit-funded TDY status IAW AFI 36-3003, *Military Leave Program*. CRS planned during TDY en route with a PCS is authorized only after careful coordination for follow-up care. Leave status is not authorized for treatment at DoD CRS Centers.

6.4.1.1. Anticipate one to two-week stay at AF CRS Center for final pre-operative evaluation, treatment and initial follow-up. Contact the CRS Center that will perform your CRS for scheduling timetable.

6.4.2. Warfighters eligible for AD elective surgery may be treated at any DoD CRS Center within the guidelines set in this policy. Coordination for treatment is managed by the member. "Permission to Proceed" authorization by member's squadron commander must be granted prior to treatment.

6.4.3. Warfighters not eligible for AD elective surgery benefits are authorized civilian CRS treatment/follow-up *at his/her own expense* within the guidelines set in AFI 41-210, *Patient Administration Functions*, para 3.9 guidelines (electing optional medical care). Application and any supporting documentation must be accomplished and submitted as set in this policy. "Permission to Proceed" authorization by member's squadron commander must be granted prior to treatment.

6.4.4. All post-CRS evaluation should be accomplished at the member's local eye care clinic, if member is eligible for AD medical care benefits. Non-AF eye care professionals should be credentialed for CRS care.

## **6.5. "Return to Duty" Requirements.**

6.5.1. The Optometrist/Ophthalmologist must initiate a 4-T profile (not world-wide qualified [WWQ]) when patient returns from CRS procedure. The Primary Care Manager (PMC) must work with Optometry to manage the 4-T profiles. Member will not deploy or PCS while on steroid eye drops after any CRS. Individuals who have had ISA are not deployable for at least one month after surgery, even if steroid eye drops have been discontinued. To clarify: after ASA, aviators will be non-WWQ until steroid eye drops are discontinued; after ISA, aviators will be non-WWQ until steroid eye drops are discontinued and at least one month has past.

6.5.2. All personnel undergoing CRS must be evaluated by a DoD eye care provider in order to be cleared to resume unrestricted duties.

6.5.3. Member may return to limited duty within a few days after surgery as recommended by the optometrist or ophthalmologist.

6.5.4. Individual must meet the applicable USAF vision standards in AFI 48-123, *Medical Examinations and Standards*, before returning to full duty. If corrective lenses are required to meet the applicable vision standards, then they must be prescribed and worn. Contact lens wearers must have spectacle back-up. If night vision goggles (NVG) are required for the duty position, then applicable NVG vision standards must be met.

## **6.6. Post-CRS Requirements.**

6.6.1. Members will have follow-up post-operative evaluations (IAW para 6.6.2) at 1, 3, 6, and 12 months post-operatively.

6.6.2. All post-CRS evaluations will include, at a minimum: slit lamp examination (SLE), IOP, uncorrected visual acuity (UCVA) and best-corrected visual acuity (BCVA) by manifest refraction. Monthly IOP measures are required while on steroid eye drops.

6.6.3. Any visual complaints or recommended duty restrictions must be documented in the medical record.

## **6.7. Re-treatment of Warfighter Personnel.**

6.7.1. For the purpose of this program, re-treatments are considered as a new treatment. Therefore, AF Warfighter personnel who desire or require re-treatment must submit a Warfighter application to request re-treatment (para 6.3.)

## Attachment 1

### Guidance for Trained Aviation and Aviation-Related Special Duty (AASD) Personnel Considering Intrastromal Ablation (ISA - LASIK and its variants)

Aircraft listed below are categorized using their most common flight profiles. Aircraft indicated as “ISA Compatible” are based on mission profiles where cabin altitudes are not expected to exceed 14,000 feet or require unpressurized exposure to altitudes greater than 14,000 feet. Aircraft indicated as “ISA Incompatible” are based on mission profiles where cabin pressure will exceed 14,000 feet. Also considered “ISA Incompatible” are aircraft that expose pilots to sustained or rapid onset of high acceleration forces typically experienced in fighter or high-performance trainer aircraft although this restriction is for pilots only; others may be assigned duties in high-performance aircraft after ISA (e.g., flight surgeons, Weapon Systems Officers, physiologists). Note: aircraft listed as “ISA Incompatible” may currently or at a future time be configured to perform within or exceed allowable altitude. These tables are intended to provide guidance and a basis for treatment options. All aircrew should consider his/her current and future potential mission requirements before undergoing ISA. Note: Aeromedical evacuation nurses and technicians are authorized to undergo ISA regardless of airframes used or expected to be used in patient movement.

<b>ISA Compatible Aircraft</b> <i>Cabin altitude <u>not expected</u> to routinely exceed 14,000 feet</i>		
B-1B Lancer	E-3 Sentry (AWACS)	MH-53J/M Pave Low
B-2 Spirit	E-4B	OC-135B Open Skies
C-141 Starlifter	E-8C Joint Stars	RC-135V/W Rivet Joint
C-20	EC-130J Commando Solo	T-1A Jayhawk
C-21	EC-130H Compass Call	T-43A
C-22B	Global Hawk UAV	UH-1N Huey
C-32	HH-60G Pave Hawk	VC-25 Air Force One
C-37A	KC-10 Extender	WC-130 Hercules
C-40B/C	KC-135 Stratotanker	WC-135 Constant Phoenix
C-5 Galaxy		
<b>ISA Incompatible Aircraft</b> <i>Cabin altitude <u>expected</u> to routinely exceed 14,000 feet</i>		
AC-130U Gunship	C-130 Hercules	MC-130P Combat Shadow
AC-130H Gunship	C-17 Globemaster III	T-37 Tweet
B-52 Stratofortress	HC-130P/N	U-2S/TU-2S
	MC-130E/H Combat Talon	
<b>ISA Incompatible Aircraft</b> <i>High Performance Aircraft</i>		
A-10/OA-10 Thunderbolt	F-15E Strike Eagle	Joint Strike Fighter (JSF)
F-117A Nighthawk	F16 Fighting Falcon	T-38 Talon
F-15 Eagle	F-22A Raptor	T-6A Texan II