

**USAF Refractive Surgery (USAF-RS)
Administrative Monitoring Agreement**
(to be completed by patient and USAF Optometrist/Flight Surgeon/PCM)

Patient Name	Rank
Service / Status	Military Unit
Phone Number	<input type="checkbox"/> YES <input type="checkbox"/> NO if YES, when _____ Upcoming PCS/Separation/Retirement/Deployment

PATIENT AGREEMENT

- _____ I will contact my military optometrist, flight surgeon, or primary care manager within 3 days of receiving treatment to initiate a Duty Limiting Condition report.

- _____ I am aware that I will be placed on a 4T profile after surgery and can not deploy or PCS for up to 4 months after surgery.

- _____ I understand that I must be evaluated by the base optometry clinic prior to being cleared to resume unrestricted duties.

- _____ I understand that I must bring a copy of all pre-operative evaluations, surgical reports, and follow-up exams performed by the non-USAF Refractive Surgery Center for inclusion in my military medical records.

Patient Signature	Date
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USAF OPTOMETRIST/FS/PCM AGREEMENT for Administrative Monitoring

- _____ IAW USAF policy, I will manage the member's appropriate physical profile by initiating an AF Form 469, Duty Limiting Condition Report.

- _____ Prior the being cleared to resume unrestricted duties, I will ensure USAF vision standards are met IAW AFI 48-123, *Medical Examination and Standards*.

- _____ I will ensure the information provided by the patient (see 4th bullet of Patient Agreement) is entered into the Aeromedical Information and Waiver Tracking System (**AIMWTS**). For any RS-related complications per clinical practice guidelines for Aviation and Aviation-related Special Duty (AASD) personnel, I will notify the USAF-RS Aviation Program Manger (E-mail: USAFSAMAircrewProgramManager@WPafb.AF.MIL).

USAF Optometrist/FS/PCM Name/Signature	Date
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Base	E-mail
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Phone	Fax
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