MEMORANDUM FOR HQ ACC/SG
HQ AFPC/DPAM
HQ AFSC/SG
HQ AETC/SG
HQ USAF/SG

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

SUBJECT: Accession Medical Waivers for History of Photorefractive Keratectomy (PRK)

This memorandum provides waiver criteria for Air Force appointment, enlistment and commissioning applicants with a history of PRK and supersedes previous accession corneal refractive surgery policy distributed by this office. It applies to active and reserve component applicants who have undergone PRK for the treatment of myopia or hyperopia. The required waiver criteria and documentation are attached.

This policy does not supercede additional requirements or restrictions applicable to aviation and special duty communities or service academies. Waiver policy for selected non-rated aviation AFSCs will be covered under separate policy memorandum. Waivers will not be considered for radial keratotomy (RK) or laser in-situ keratomileusis (LASIK).

Waiver authority for accession waivers is HQ AETC/SG.

a. HQ AETC/SGPS shall maintain data on all accession waivers for inclusion in an Air Force waiver/exception to policy tracking program.

b. HQ AETC/SGPS shall forward data on PRK accession waivers to the Walter Reed Army Institute of Research for inclusion in the Department of Defense Accessions Medical Standards Analysis and Research Activity (AMSARA). The AMSARA POC 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.

A Medical Evaluation Board (MEB) is no longer required for PRK as long as vision standards in AFI 48-123, Medical Examination and Standards, A2.5, are met. If a Medical Treatment Facility (MTF) identifies an active duty member who has had PRK prior to or who receives PRK subsequent to this policy, the MTF must provide the information in the PRK Accession Waiver Criteria and Documentation attachment to AMSARA. An MEB is still required for RK and LASIK regardless of results.
My POC for this is Col Arleen Saenger, Chief, Physical Standards, AFMOA/SGOA, 110 Luke Avenue, Room 405, Bolling AFB, DC 20332-7050 at DSN 297-4200 or e-mail arleen.saenger@usafsg.bolling.af.mil.

CHARLES H. ROADMAN II
Lieutenant General, USAF, MC
Surgeon General

Attachment:
Waiver Criteria & Documentation
cc:
AFROTC/CC
AFRS/CC
HQ USEUCOM/ECMD
USCENTCOM/CCSG
PHOTOREFRACTIVE KERATECTOMY (PRK)
ACCESSION WAIVER CRITERIA AND DOCUMENTATION

Waiver Criteria: Individuals may be considered for PRK 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 poses to vision).

- At least 12 months since the date of the last surgery (or enhancement procedure).

- No significant side effects secondary to the surgery affecting daily activities.

- Stable refraction defined as two refractions performed six months apart with no more than 0.50 diopters change in the spherical equivalent of either eye.

- Ophthalmologic exam reveals no lattice degeneration, retinal detachment or other ocular pathology associated with myopia. (This requirement is included because the highly myopic eye is an abnormal eye aside from the myopia itself.)

Required Documentation:

- Documentation of all of the above information from the surgeon performing the PRK.

- Current comprehensive eye examination performed by an Ophthalmologist. 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.