

Contact Lenses _____

Initials _____

CLINIC USE ONLY

COMMANDER'S AUTHORIZATION FORM
REFRACTIVE EYE SURGERY
WBAMC – FT BLISS
(To Be Submitted By ALL Applicants)

1. I give my permission for the following active duty Soldier to be considered for enrollment in the WRESP and for treatment if eligible.

Patient Name (Print) (Last, First MI)

Rank

SSN

2. I certify the following to be true:
- a. **18 months** remaining in the **Active Duty Component**
 - b. Minimum of **3 months** remaining at **Ft. Bliss** after surgery without deployment or PCS
 - c. No adverse personnel actions pending including medical boards
 - d. Will remain CONUS and is **non-deployable** for at least **90 days** post-surgery
3. I realize after refractive surgery the soldier will be on **convalescent leave for 6 days** and will have a physical profile as follows:
- a. For **one year** sunglasses must be worn outside during daylight hours
 - b. For **one month** may not do the following: No driving or riding in a tactical vehicle, no driving of military/government vehicles after sun down, no swimming, no wearing of pro-mask, no face paint, no organized PT. No contact sports. No combative training. No aerobic activity that generates perspiration as to avoid concentrated sweat entering the eyes. No NBC training to include gas chamber or riot control agents. No working in sunny, windy, dusty areas, and non-climate controlled areas. No non-climate controlled living environment (i.e. tents). No firing of any weapon system or exposure to livefire. **Not to deploy/mobilize 90 days from the date of surgery.** No small pox vaccination.
4. Participation in the Warfighter Eye Surgery program requires some time investment resulting in absence from duty. The soldier **must** keep all scheduled appointments. Typical time requirements are as follows:
- a. Initial eye exam – up to half a day
 - b. Surgery – 1 week off work
 - c. Post-operative exams – 5 visits scheduled during the first year
5. This authorization form is good for 90 days from the date it is signed. If surgery is not completed within that time, a new form will need to be submitted.
6. It is the sole responsibility of the commander to ensure all requirements are met especially 18 months remaining on active duty.
7. I understand the information above and hereby give my permission/endorsement for this soldier to be evaluated and considered for enrollment in the Warfighter Eye Surgery Program and to have laser eye surgery if eligible.

Commanders Name and Rank

Commanders Signature

Date

Phone number

WBAMC – Ft. Bliss
Refractive Eye Surgery Clinic
(915) 742-7051

Last Name		First Name		Rank/Grade	Today's Date
SSN	Your Military email address		Civillian email address		Primary phone #
Duty Address			Duty Phone		MOS
Emergency Contact Person		Phone		Relationship	
How many years have you worn glasses?			How old are your current eyeglasses?		
How long have your worn contacts?			Last worn?	Brand	<input type="checkbox"/> Soft <input type="checkbox"/> Rigid

I, _____ (Name) am requesting an evaluation for laser refractive eye surgery at William Beaumont Army Medical Center. By signing below I confirm that I have read and understand the following critical information concerning refractive eye surgery:

1. Certain medical or eye conditions may exist that can disqualify you from having surgery. You may be disqualified or you may withdraw from having surgery at anytime during the pre-operative process. Your doctor will make the final decision on whether you have surgery and what type of surgery (Lasik or PRK).
2. You must not have contact lenses in your eyes for **one month** prior to your pre-operative eye exam and surgery. Not complying may adversely impact the surgical result.
3. You must be available to see us for at least 3 months (but preferably 12 months) of post-operative care (no PCS, deployment, etc in that time frame). You will be required to return for all scheduled post-operative appointments.
4. To be considered for surgery, you must be at least 19 years old, have 18 months before ETS and be Active Duty assigned to an Active Duty unit and not Reserve or National Guard activated or otherwise.
5. You must bring the following to your pre-operative eye exam: current eyeglasses and any available prior eyeglass prescriptions.
6. (Females) You must not be pregnant or nursing 6 months before or after refractive eye surgery as it could adversely impact the surgical result.
7. You must have an escort/driver with you the day of surgery. You will be on con-leave and have a profile after the surgery as outlined on the Commander's Authorization Form.
8. You are not eligible for surgery if you have any adverse actions pending (ie: flag, chapter, medical board, UCMJ, etc).
9. If you are on special duty status now or in the future (ie: flight status, special forces, diver, etc) you must confirm with your unit surgeon that you are eligible for refractive eye surgery and see if any waivers or authorizations are required.
10. The Commander's Authorization Form must be signed and completed before consideration for surgery. The form expires 3 months after signature and if no surgery in that timeframe, will have to be resubmitted.
11. You may still need glasses or contacts after refractive eye surgery for your best vision.

(Signature) _____ (Date) _____