

# CORNEAL REFRACTIVE SURGERY INFORMATION Worksheet

Required for USAAMA determination of Post-procedure Flight Qualification  
To be completed from Military Chart, AHLTA, and / or Current FDME Optometric Exam

## Flight Applicant Identification:

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_  
SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Contacts (Optional - Tel. #/ E-mails \_\_\_\_\_)

## Procedure History:

1. **PROCEDURE DATE(S):** \_\_\_\_\_  
**TYPE:** [ ] PRK [ ] LASEK [ ] LASIK  
**EYE:** [ ] BOTH [ ] Right [ ] Left

2. **PRE-OP REFRACTION:** [ ] Not Available **Pre-Op\* Refr. Std: Sphere: -6 to +4 and Cylinder -3 to +3; use sphere equivalent calculation (sphere + 1/2 cylinder) to determine if meets IO standards**  
OD SPH \_\_\_\_\_ CYL \_\_\_\_\_ AXIS \_\_\_\_\_ **(AMS Waiverable Pre-Op Refr Sphere -8 to +4)**  
OS SPH \_\_\_\_\_ CYL \_\_\_\_\_ AXIS \_\_\_\_\_

Note: If Pre-op refraction is not available then exam requires dilated fundus exam with sclera depression.

**Eye Exam:** Minimum of 6 weeks Post-Op Rated, 3 Months Applicants,  
Requires only single eye clinic visit; usually done w/ the FDME eye Visit.

**EXAM DATE:** \_\_\_\_\_

## 3. REFRACTION POST OPERATIVE:

[ ] **MANIFEST** - (Only if eyewear is necessary for 20/20 and no cyclo done)  
[ ] **CYCLOPLEGIC** (Only required for PILOT CANDIDATES - 1A/1W, RO/RW FDMES)

OD SPH \_\_\_\_\_ CYL \_\_\_\_\_ AXIS \_\_\_\_\_ **STD: CYLO: Sph: -1.5 to +3.0 Cyl: -1 to +1.**  
OS SPH \_\_\_\_\_ CYL \_\_\_\_\_ AXIS \_\_\_\_\_

## 4. VISUAL ACUITY:

**DISTANT** OD 20/ \_\_\_\_\_ Corr to 20/ \_\_\_\_\_ OS 20/ \_\_\_\_\_ Corr to 20/ \_\_\_\_\_  
**NEAR** OD 20/ \_\_\_\_\_ Corr to 20/ \_\_\_\_\_ OS 20/ \_\_\_\_\_ Corr to 20/ \_\_\_\_\_

## 5. INTRA-OCULAR TENSIONS

**STD: <21 mm Hg. If less than 8 mm Hg requires optometry note otherwise normal; diff. between eyes < 4 mm Hg**

O.D. \_\_\_\_\_ O.S. \_\_\_\_\_

## 6. SLIT LAMP EXAM (SLE for HAZE) :

SLE OD: 0 1 2 3 4  
SLE OS: 0 1 2 3 4

**STD: SLE: Haze = 0 or 1+ (non-pathologic) in each eye**  
Haze Scoring: 0 = No haze (passing), 1 = Trace haze, 2 = minimal, 3 = moderate, 4 = iris obscured

## 7. CORNEAL TOPOGRAPHY:

[ ] Acceptable

## 8. LOW CONTRAST SENSITIVITY:

OD: 20/ \_\_\_\_\_  
OS: 20/ \_\_\_\_\_

**STD: LCS 20/60 or better each eye or FS comment as below**

[ ] Contrast Sensitivity Testing not readily available; Applicant denies difficulty with night vision, glare, halos, or visual distortions.

**NOTE: IF SLE HAZE = 1+, Will require Normal Low Contrast Sensitivity testing plus FS noting it is deemed non-pathologic**

FAX form or Email E-values to USAAMA staff:

Submitted by: \_\_\_\_\_ Date \_\_\_\_\_

Phone 334-244-0749/0750 (DSN 558)

Contact Info: \_\_\_\_\_

Fax: 334-255-0747

E-Mail: [aero.helpdesk@amedd.army.mil](mailto:aero.helpdesk@amedd.army.mil) Aero-Med Stds: <https://aamaweb.usaama.rucker.amedd.army.mil/>

**NOTE:**

1. If above fails to meet APL Standards for I/O, the FDME is DQ pending a formal AMS / Exception-Waiver Request.
2. The APL standards are not changed; the only change is a decrease in the amount of information required for I/O.
3. The wait-time from surgery is 6 wks for existing aircrew personnel, and 3 months for applicants.
4. Pre-Op Refraction must be: Sphere -6 to +4 and Cylinder -3 to +3. This is using the spherical equivalent. Spherical equivalent = sphere +  $\frac{1}{2}$  cylinder. Example: 5.50 x 2.00 is converted to 6.50 x 2.00 [5.50 +1.00 (1/2 of 2.00 – cylinder)]
5. If pre-op refraction is not available, then need results of a dilated fundus exam with sclera depression OU is required.
6. If Contrast Sensitivity Testing not submitted; then FS should substitute comment noting no reported no night vision difficulties, excessive glare, halos, or distortions.
7. Enter the required I/O information in FDME Remarks/Notes, use the cut and paste below, or include if still doing hard copy submissions
8. This optometric exam may be performed by either an optometrist or by an ophthalmologist.

**\*\*If presurgery refraction exceeds the aeromedical limits, an AMS must be prepared to request exception to policy or waiver (depending on FDME class). Results of a retinal evaluation to determine post-op retina health and stability will need to be included in the AMS.)**