



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE

APR 19 1996

MEMORANDUM FOR HQ ACC/SG HQ AFIA/SG HQ AFMC/SG
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FROM: AFMOA/CC
110 Luke Avenue, Room 400
Bolling AFB, DC 20332-7050

SUBJECT: The Use of Photorefractive Keratectomy (PRK) in the USAF

Considerable interest has been expressed in the use of PRK in the USAF. The purpose of this letter is to reiterate the current policy and to describe current USAF initiatives in this area.

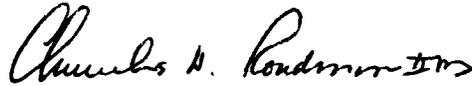
Currently, Department of Defense Directive 6130.3, Physical Standards for Appointment, Enlistment, and Induction, 2 May 1994, disqualifies applicants who have undergone PRK from accession to the Armed Forces. Active duty and Air Reserve Component personnel who had PRK from civilian sources will have to meet a Medical Evaluation Board. They will be discharged from the Service if, post-surgery, their eyes do not meet retention standards. PRK is not authorized for rated or nonrated flying personnel.

The Assistant Secretary of Defense (Health Affairs) has requested a six-month review of accession and retention policy regarding refractive surgery. In addition, the Services are conducting research into refractive surgery. The US Navy trial, in which potential SEALs have had PRK, appears promising. However, none of the participants are, or intend to be, military aviators. When funded, Wilford Hall Medical Center will acquire a laser, and will develop clinical skills using this new technology. A research protocol has been accepted to investigate the applicability of PRK in an Air Force setting. Flying personnel are not included in this preliminary research.

Some patients post-PRK do not achieve perfect eyesight, even with corrective lenses. Others suffer from increased effects of glare and other difficulties with night vision. Armstrong Laboratories are examining methods to objectively identify these problems. Subsequently, HQ AFMOA will develop new standards which may allow personnel post-PRK to enter flying training. This will not occur in the next two years.

In summary, PRK remains disqualifying for accession and may preclude retention. It is not allowed for aviators. Research continues, and this technology may become waiverable for a flying career. However, this is not likely to occur in the near future.

Wide dissemination of this letter will reduce speculation regarding the place of PRK in accession and retention in aviation. Therefore, its contents should receive the widest possible circulation, including briefing up the chain of command.



CHARLES H. ROADMAN II, Maj Gen, USAF, MC
Commander
Air Force Medical Operations Agency
Office of the Surgeon General

cc:

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AL/AOC

AFA/SG

Ophthalmology Consultant to SG

WHMC, Chief, Department of Ophthalmology,