



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE
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MEMORANDUM FOR HQ ACC/SG HQ AFIA/SG HQ AFMC/SG ANG/SG
HQ AFPC/DPAM AFMSA/CC HQ AFRC/SG 311 HSW/CC
HQ AFSOC/SG HQ AFSPC/SG HQ AMC/SG HQ AIA/SG
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FROM: HQ USAF/SG
110 Luke Avenue, Room 400
Bolling AFB, DC 20332-7050

SUBJECT: The USAF Aviation and Special Duty Photorefractive Keratectomy (PRK) Waiver and Surveillance Program (SG Policy # 00-005)

By direction of the Air Force Chief of Staff, this memorandum establishes policy for PRK in Air Force Aviation and Special Duty Personnel. It applies to all Active and Reserve Component personnel and applicants to all aviation and special duty programs. This program is separate from the DoD Refractive Surgery for the Warfighter Program. Modifications to this policy will be made as needed. Laser-In-Situ-Keratomileusis (LASIK) is not allowed in aviation and special duty personnel.

PRK is a FDA-approved, elective procedure. There is no requirement for any member to obtain PRK. For Undergraduate Pilot Training (UPT) applicants who have already had PRK and received waiver, neither the PRK nor the waiver guarantees or implies acceptance into UPT.

For current aviation and special duty personnel, there is a small risk of not meeting relevant vision standards after PRK. This could result in permanent disqualification from flying/special duty. The estimated risk is under one percent. The vision complication/poor quality rate increases as the degree of nearsightedness and astigmatism increases. Therefore, disqualification rates may be higher for individuals with more nearsightedness and/or astigmatism. Corrective lenses may still be required in order to meet vision standards after PRK. Contact lens fitting and wear may be difficult after PRK.

There will be an average of approximately 6-8 weeks duties not to include flying (DNIF) following PRK. Individuals with greater amounts of nearsightedness and/or astigmatism may be DNIF 2-4 months. There will be approximately 4 months no mobility following PRK. Once steroid eye drops are discontinued, the no mobility restriction will be lifted.

Waiver criteria and required follow-up are at Attachment 1. Failure to comply with required follow-up and submission of required documentation at any time will result in automatic grounding until requirements are satisfied.

Squadron commander permission for PRK is required. Active duty pilots must obtain PRK at Wilford Hall Medical Center (WHMC). Non-pilot aviation and special duty personnel may obtain PRK at WHMC or any operational DoD Refractive Surgery for the Warfighter Center. For treatment at WHMC or a Refractive Surgery for the Warfighter Center, the TDY will be unit-funded.

Reserve Component aviation/special duty personnel who meet the PRK waiver criteria and desire PRK but are not eligible to receive elective surgery in military medical treatment facilities must obtain

PRK at one's own expense. They must comply with all screening and permission procedures before obtaining PRK, as well as all required follow-up procedures and evaluations after PRK.

Responsibilities of the member, squadron commander, local flight surgeon, local eye-care provider, MAJCOMs, pilot-accession sources, WHMC, the Aeromedical Consultation Service (ACS) and AFMOA/SGOA are at Attachment 2. Operational restrictions following PRK are at Attachment 3.

The numbers per year of trained pilots and student pilots with PRK waivers is restricted. For trained pilots the number allowed per year is 200, apportioned by rated years of service (RYOS). The numbers allowed per 5-year RYOS increment are at Attachment 4. For student pilots the number allowed per year is 100. To achieve this number each pilot accession source, including the Guard and Reserve, is limited to no more than 10 percent of their selectees with PRK waivers. For all other aviation and special duty personnel the number allowed per year is not restricted, but commanders should consider mission impact.

The USAF Aviation and Special Duty PRK Registry is hereby established to gather and analyze data on all aviation and special duty PRK waivers. This registry will be maintained by the ACS at Brooks AFB. The purposes of this registry are to:

- a. Collect and analyze data to identify and measure occurrence of relevant adverse PRK outcomes in the aviation and special duty population. (surveillance)
- b. Identify any and all adverse effects of PRK, determine the causes and take action to prevent or minimize these PRK-related adverse outcomes in the aviation and special duty environment.
- c. Assess the success of PRK in the aviation and special duty environment.

My point of contact for this policy is Col Arleen Saenger, Chief, Physical Standards, AFMOA/SGOA, 110 Luke Avenue, Room 405, Bolling AFB, DC 20332-7050, DSN 297-4200, commercial (202) 767-4200 or e-mail: arleen.saenger@usafsg.bolling.af.mil.



PAUL K. CARLTON, JR.
Lieutenant General, USAF, MC, CFS
Surgeon General

Attachments:

1. USAF Aviation & Special Duty PRK Waiver Program
2. Responsibilities
3. Pilot Operational Restrictions Following PRK Waiver
4. Apportionment of Pilot PRK Slots by RYOS

cc:

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