

Contact Lenses _____
Initials _____
CLINIC USE ONLY

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

1. I give my permission for the following active-duty service member to be considered for enrollment in WRESP

Patient Name (Print) (Last, First MI)	Rank	SSN (Last Four)
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2. I certify the following to be true:

- a. **ARMY and AIRFORCE- 6 months** remaining in the Active Duty Component at time of surgery.
- b. **NAVY/ MARINES- 12 months** remaining in the Active Duty Component at time of surgery.
- c. No pending adverse personnel actions or medical boards (ie: flag, chapter, medical board, UCMJ, etc).
- d. Will remain at Fort Bliss for 3 months after surgery.
- e. Will remain CONUS and is **non-deployable** for 3 months (**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 a tactical vehicle, no driving of military/government vehicles after sun down, must wear eye pro for 4 weeks while riding in a military vehicle. 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 CBRNE 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. No firing of any weapon system or exposure to live fire, No small pox vaccination.
- c. **Not to deploy/mobilize 90 days from the date of surgery.**

4. Participation in the WRESP requires some time investment resulting in absence from duty. The soldier **must** keep all scheduled appointments and will receive a No Show if appropriate. **All appointments will be made by the facility and emailed to the soldier 25-30 days in advance.** Typical time requirements are as follows:

- a. Initial eye exam – up to half a day
- b. Mandatory consent brief – up to half a day
- c. Surgery – 6 days convalescent leave
- d. Post-operative exams – up to 5 visits scheduled during the first year.

5. This authorization form is good for 90 days from the date it is signed. A new authorization form will be required if scheduled for surgery.

6. It is the sole responsibility of the Commander to ensure all requirements are met especially 6 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 (**O-2 and below require Assumption Of Command orders**)

 Commanders Signature

WBAMC – Ft. Bliss
 Refractive Eye Surgery Clinic
 (915) 742-9117

 Date

 Phone number

Last Name		First Name		Rank/Grade		Today's Date	
DOD ID #	Your Military email address		Civilian email address			Primary phone #	
Unit				Duty Phone (ex. CQ, First Line Supervisor or Squad Leader)		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 any time during the pre-operative process. Your doctor will make the final decision on whether you have surgery and what type of surgery (LASIK, PRK or SMILE).

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, **ARMY AND AIRFORCE have 6 months before ETS/PCS at time of surgery** and be Active Duty assigned to an Active Duty unit. **NAVY AND MARINES have 12 months remaining on Active Duty status at time of surgery and be assigned to Fort Bliss area.**

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 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.

The Commander's Authorization Form must be signed and completed before consideration for surgery. The form expires 3 months after signature. An additional Surgical authorization form will be needed prior to surgery. Surgical authorization form will be provided when surgery date is scheduled.

10. You may still need glasses or contacts after refractive eye surgery for your best vision.

(Signature) _____

(Date) _____