

## Commander's Authorization

Applicant's Printed  
Name/Grade:

Applicant's Signature

The above member requests permission to obtain refractive surgery to correct their vision at a DoD Refractive Surgery Center. **DAFMAN 48-123, para 5.7.3, dated 08 December 2020 authorizes this elective treatment** and is available online at [USAF-CRS Website](#). The policy letter outlines program guidance, issues to consider before authorizing an individual to enter the program and procedures to be followed. **It should be reviewed prior to completion of this authorization. All signatures acknowledge an understanding of the policy and concurrence of the applicant member's request.**

IAW *USAF-CRS Policy*, access to DoD laser centers is prioritized by the member's **Squadron Commander**. The categories are as follows:

- Priority I:** Personnel assigned to USAF Aviation and Aviation-Related Special Duty (AASD) career fields. Not included are permanently disqualified aircrew and/or former aviators who have cross-trained from aviation career duties.
- Priority II:** Personnel whose **routine** military duties require wear of Night Vision Goggles (NVG), eye protection or respiratory protection. This **does not** include Nuclear, Biological and Chemical (NBC) masks worn only for deployment/exercises.
- Priority III:** Personnel who do not meet the above criteria in their current military duties.

IAW *USAF-CRS Policy, para 4.3*, Air Force personnel must have 6 months of active duty (AD) retainability (time until separation, retirement or loss of AD status) from date of surgery.

Participation in this program requires a considerable investment of time by the individual, resulting in an impact upon mission requirements.

Typical Time Requirements	Initial evaluation (local MTF) – ½ day
	Surgery – 1 week (pre-surgery evaluation, treatment, and initial recovery)
	Post-operative evaluations (local MTF) – 5 visits up to ½ day each in the first year

Recovery from surgery will impact the member's activities. The wear of sunglasses outdoors for the first year is authorized and strongly recommended to prevent complications. Depending upon individual healing and applicable AFSC vision standards, the individual **WILL NOT be World-Wide Qualified (WWQ) while on steroid eye drops (minimum of one month, typically 3-4 months)**. PCS during the post-operative period is strongly discouraged in order to maintain continuity of care. The member will be non-deployable during this timeframe, and a Duty Limiting Condition (DLC) report will be issued. Duties may be assigned relative to the member's recovery. For aircrew, non-deployable Return-to-Flight Status (RTFS) is typically within the first 1-2 months, with return to WWQ status typically within the first 4 months. Flight Surgeons (FS) will manage the appropriate grounding actions and DLC for AASD personnel. Primary Care Managers (PCM) in conjunction with local optometry clinics will manage the DLC for Warfighter personnel.

The member must bring this letter to the initial corneal refractive surgery evaluation in order for the evaluation to proceed. IAW *USAF-CRS Policy, para 4.2*, the **Commander's Authorization is only valid 6 months from the date of signature**. Individuals will be required to re-accomplish the authorization letter if surgery is scheduled beyond 6 months from the date it is signed.

Member's Job Title \_\_\_\_\_ AFSC: Primary/Duty \_\_\_\_\_ AASD ONLY: ASC \_\_\_\_\_

Date of separation, retirement or loss of AD status (**Do not** put "indefinite"): \_\_\_\_\_

To best of your knowledge, is the member scheduled to deploy or PCS during the next 6 months? **Yes** **No**

This member is eligible as (check appropriate): **Priority** **I** **II** **III**

**Supervisor** Printed Name/Grade \_\_\_\_\_ Date \_\_\_\_\_  
Stamp, if applicable

**Signature** \_\_\_\_\_  
Phone \_\_\_\_\_

**Unit Mobility Officer** Printed Name/Grade \_\_\_\_\_ Date \_\_\_\_\_  
Stamp, if applicable

**Signature** \_\_\_\_\_  
Phone \_\_\_\_\_

**Squadron Commander** Printed Name/Grade \_\_\_\_\_ Date \_\_\_\_\_  
Stamp recommended

**Signature** \_\_\_\_\_  
Phone \_\_\_\_\_