MAMC WARFIGHTER REFRACTIVE EYE SURGERY PROGRAM
COMMANDER'S AUTHORIZATION

(To Be Submitted By All Applicants)

(1) I give my permission for the following active duty Soldier to be considered for treatment under the Warfighter Refractive Eye Surgery Program (WRESP) and to undergo treatment if eligible.

Applicant Name (Print) (Last / First / MI) Rank DOD ID

Email Address (.mil)

(2) I certify the following to be true:

Soldier has at least **6 MONTHS** remaining on **ACTIVE DUTY** before ETS.
Soldier has at least **3 MONTHS** remaining on **JBLM** before PCS.
Soldier has no adverse personnel actions or pending medical boards.
Soldier will not receive any immunizations **30 DAYS** pre-surgery and **90 DAYS** post-surgery.
Soldier will remain **CONUS** and is **NON-DEPLOYABLE** for at least **90 DAYS** post-surgery.

(3) I realize that after refractive surgery the Soldier will be on **CONVALESCENT LEAVE** up to **5 DAYS** and will have the following **PHYSICAL PROFILE** for a minimum of **30 DAYS**, but possibly up to **90 DAYS** in a small number of patients (<5%) :

No parachuting, night operations, driving military vehicles or operating heavy machinery
No field, range or other duties involving dirty, dusty, of chemical environments.
No APFT; No physical training first 2 weeks.
No swimming, scuba, protective mask use or camouflage face paint.
Must wear sunglasses at all times when outdoors to prevent corneal scarring; allowable to wear indoors for comfort.

(4) I acknowledge Soldier is required to complete minimum of 1-day, 1-week post-operative exams, 1 and 3-month follow-up exams required by the WRESP; 6 and 12-month exams if Soldier is still at JBLM. If deploying, Soldier is required to return to MAMC for exam at the completion of deployment. If PCS after 3 months, soldier must request a managed care agreement and complete care at next duty station.

(5) I acknowledge Soldier 90-day non-deployable status begins after surgery and not from the date this authorization is signed. I will adhere to provider profile recommendations for the health and safety of the Soldier.

Commander's Signature Commander's Rank and Name (Print) Date

Commander's Email Address Commander's Telephone Number

Applicant's Signature Date

This authorization is valid for 90 days from the date signed by the commander and must be turned in at first appointment. A new authorization will be required after 90 days or if the commander changes. Commander may revoke authorization at his/her discretion. Failure to comply with post-operative requirements may affect future enrollments from this unit.