

Corrective Eye Surgery Waiver Form for Ranger School

(Post-PRK or Post LASIK)

Note:

-Waivers for corrective eye surgery are only needed if the surgery date is less than 90 days from the start date of Ranger School.

-Cannot attend Ranger School if the surgery date is less than 30 days from the start date of Ranger School.

- Cannot attend Ranger School if still using daily medicated eye drops.

Part 1. (To be completed by applicant):

Name: _____ Rank: ____ Age: ____ DOB: _____
Address: _____ Zip: _____
Phone: Home(____) _____ Work:(____) _____
Unit of assignment: _____

Surgery Date: _____ Type: PRK or LASIK

1. I do ___ do not ___ have difficulty with glares or haloes at night.
2. I do ___ do not ___ have difficulty with daily activities such as driving, reading, signs at night, or being exposed to bright sunlight.
3. I do ___ do not ___ have double vision.
4. List any topical eye drops/medications you are using or have used in the last month: _____.

Part 2. (To be completed by Ophthalmologist or Optometrist):

1. Pre-Laser Treatment Refractive Error: _____ (sph) _____ (cyl) _____ (axis)OD
(Must be documented in pt record) _____ (sph) _____ (cyl) _____ (axis) OS
 2. Best Uncorrected visual acuity: (sc) _____ OD _____ OS Date: _____
Best Corrected visual acuity: (cc) _____ OD _____ OS Date: _____
 3. Post-Laser Treatment Refractive Error:
_____ (sph) _____ (cyl) _____ (axis)OD Date: _____
_____ (sph) _____ (cyl) _____ (axis)OS Date: _____
 4. Slit Lamp Exam of Cornea-Interface Haze, rippling/displacement of flap, scarring?
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**Corrective Eye Surgery Waiver Form for
Ranger School**

(Post-PRK or Post LASIK)

Applicant's name: _____ Rank: _____ Age: _____
DOB: _____

After examination, I find limitations _____ or no limitations _____ that would inhibit the soldier's successful completion of Ranger Training.

Name: _____ Rank: _____

Location: _____

Phone: _____

Signature w/ stamp: _____

Notes:

1. Requirements are in accordance with OTSG's 04 Feb 2002 memorandum pertaining to medical waivers for individuals with a history of PRK or LASIK surgery.

2. Waiver Data Sheet **MUST** accompany soldier's Ranger Physical when presenting to Fort Benning. Failure of soldier to produce validity of evaluation will result in dismissal from course.

3. Any questions can be emailed to the ARTB Medical Section at:

usarmy.benning.infantry-schl.mbx.artb-medical-waiver-section@mail.mil or call DSN: 784-7520 or COM: 706-544-7520.