

**MEMORANDUM FOR TAMC WARFIGHTER REFRACTIVE SURGERY CENTER REQUEST
FOR REFRACTIVE SURGERY**

Rank: _____ Name: _____ DOD ID# _____

MOS/AOC/ASFC Type: [] Combat Arms [] Noncombat Arms

1. This Service member's earliest potential deployment date is: (DDMMYY)
2. Required Service member obligation:
 - a. Time remaining on active duty Air Force pilots, Navy and Marines-12 months. Army and Air Force 6 months. Time remaining is from date of surgery.
 - b. End of obligated service date: (MM/YY)
 - c. Service member MUST provide copy of verifying document ERB/ORB (Army) FLT TMPS (Navy) SURF pg1 (Air Force) BIR (Marines).
 - d. Service member is not scheduled to PCS in the next 6 months.
 - e. Service member has no adverse personnel actions pending and is not undergoing med board process.
 - f. Service member will not deploy for at least 90 days after PRK (corneal laser surgery).
 - g. Service member will not deploy for at least 30 days after LASIK (corneal laser surgery).
 - h. Service member will not deploy for at least 30 days after SMILE (corneal laser surgery).
 - i. Service member will not deploy for at least 30 days after ICL (intraocular collamer lens) implantation surgery.
3. After refractive surgery this Service member will get a temporary profile to which the undersigned will adhere:
 - a. No organized PT for 14 days
 - b. No field or sea duty for 30 days
 - c. No wearing of protective NBC mask or face paint for 30 days
 - d. No swimming, airborne jumping, firing weapons, or driving military vehicles for 30 days
 - e. Sunglasses should be worn outdoors & in bright lights for one year after PRK
 - f. No gas chamber or OC spray training for 6 months after PRK; 3 months after LASIK, SMILE, or ICL surgery
 - g. No deployments for 3 months after PRK; 1 month after LASIK, SMILE, or ICL surgery
 - h. Convalescent leave will be given: 7 days for PRK or ICL surgery; 3 days for LASIK or SMILE
4. This Service member will make all follow-up appointments to ensure proper healing. Minimum appointments required:
 - a. **PRK: 1 week/ 1 month/ 3 months**
 - b. **LASIK: 1 day/ 1 week/ 1 month**
 - c. **ICL: 1 day/ 1 week/ 1 month/ 3 months**
 - d. **SMILE: 1 day/ 1 week/ 1 month**
5. The undersigned will notify the Refractive Surgery Center immediately if the Service member's circumstances change and he/she no longer meets the above criteria.
6. This endorsement is valid for 6 months. If surgery cannot be performed within the next 6 months a new endorsement must be completed by the Service members and commander(s).
7. By signing below you agree to comply with all the above statements. See our website for more information concerning PRK, LASIK, SMILE, and ICL at TAMC, <https://tripler.tricare.mil/health-services/Vision/Ophthalmology-Laser-Refractive-Clinicactive-Clinic>
- 8.

Service member's Signature: _____

Commander Signature Block:

Rank/Signature: _____

Printed Name: _____

Phone Number: _____

Email Address: _____

Date of Signature: _____