Refractive Eye Surgery Application
Warfighter Refractive Eye Surgery Program (WRESP)

(Read instructions completely before filling out application)

Instructions:

1. All information must be typed or printed legibly.
2. Enter all dates in the format dd mmm yyyy (example: 01 AUG 2020).
3. NO CONTACT LENS WEAR for a minimum of 14 days prior to preoperative evaluation, and through the surgery date.
4. LASIK and PRK are deemed safe for aviation, Airborne, Air Assault, Ranger and Special Operations schools so long as other visual standards are met.*
5. Ranger school applicants require a waiver if the procedure is completed within 3 months of course start date.*
6. Soldiers are advised to contact their unit surgeon or other program waiver authorities to determine if any additional waivers or authorizations are required before receiving surgery.

****IAW OTSG/MEDCOM Policy Memo 20-039***
*****Please include your ERB/ORB with application***

WRESP Center Location
Irwin Army Community Hospital 650 Huebner Rd. Fort Riley, KS 66442

a. Last Name:	First Name:	MI:	b. Rank / Grade:	c. Date of Application:	
d. DoD ID:	e. Date of Birth:	f. Age:	g. Sex: ☐ M ☐ F	h. MOS / AOC:	i. ETS Date
k. Unit:					j. Likely to deploy or PCS in the next 12 months? ☐ Deploy ☐ PCS Date (if known):

l. Enterprise (Outlook) email address:	m. Personal email address:
n. Unit Address: Street: _____ City: _____ State: _____ Zip: _____ Duty Phone: ( ) - _____	o. Home Address: Street: _____ City: _____ State: _____ Zip: _____ Home/cell phone: ( ) - _____

p. Special Duty Status (confirm with your unit surgeon before submitting application):

☐ Aviation ☐ Ranger ☐ HALO ☐ Airborne

☐ Special Operations ☐ SCUBA ☐ Air Assault ☐ Other: _____

By initialing next to each item below, you acknowledge that you have read and understood the risks involved with refractive eye surgery. Please contact EACH Eye Clinic if you have any further questions or concerns.

1. I understand that refractive eye surgery may not correct my entire refractive error and that I may still need to wear glasses or contact lenses afterward for best correction of my vision. Init:
2. I understand that there is a risk of persistent dryness, glare, halos and/or other vision disturbances following refractive surgery. Init:
3. I understand that if refractive eye surgery is not successful, I may lose my special duty status and/or may not meet vision standards for application into special duty programs, other career fields, or even continued military service. Init:
3. I understand that the following activities are prohibited for 1 month after surgery, as they may have deleterious effects on the outcome (non-exhaustive list): field training, contact sports/combatives, gas chamber, weapon ranges. Init.
5. I understand that during my preoperative evaluation, I may be disqualified as a refractive eye surgery candidate and not treated. The final decision will be made by an optometrist and/or ophthalmologist. Init:
6. I understand that if I am disqualifed as a refractive eye surgery candidate, I may not be eligible for reimbursement of expenses incurred by travel to/from the clinic, including, but not limited to travel, meals, and lodging. (Not applicable to individuals who are local or unit-funded) Init:
7. Do you have any previous eye injuries, surgeries, or other eye history that might impact refractive eye surgery?

   ☐ Yes ☐ No If yes, explain: Init:

Signature of Applicant:	Print (Last name, First name, MI):	Date: