## Appendix 3: Corneal Refractive Surgery Information Worksheet

# Corneal Refractive Surgery Information Worksheet

Flight Applicant Identification:

Last Name:_____ First Name:_____ Middle Initial:_____

Procedure History:

1. Procedure Date(s): _____ _____
   Type: ☐ PRK ☐ LASEK ☐ LASIK
   Eye: ☐ Both ☐ Right ☐ Left

2. Pre-op Refraction: **Pre-op refraction standard for info only: Sphere -6 to +4 and Cylinder -3 to +3; use sphere equivalent calculation (sphere + ½ cylinder) to determine if meets info only standards. Values outside the above require an AMS.**
OD Sphere_____ Cylinder_____ Axis_____
OS Sphere_____ Cylinder_____ Axis_____
**AMS waiverable pre-op refraction: Sphere -8 to +4**

☐ Pre-op refraction not available – **If pre-op refraction is not available a dilated fundus exam with scleral depression is required.**
Dilated fundus exam with scleral depression: ☐ Normal ☐ Abnormal

Current Optometry Exam Date:_____
Optometry Exam: **Minimum of 6 weeks post-op for those already on flight status and 3 months for all applicants.**

3. Refraction Post-operative:
   ☐ Manifest – Only if eyewear is necessary for 20/20 and no cycloplegic done.
   ☐ Cycloplegic – Only required for pilot candidates (1A/1W and RO/RW FDMEs);

OD Sphere_____ Cylinder_____ Axis_____
OS Sphere_____ Cylinder_____ Axis_____

**STD: Cyclo: Sphere: -1.5 to +3.0**
**Cylinder: -1 to +1**

4. Visual Acuity:
Distant: OD 20/_____ Corrected to 20/_____ OS 20/_____ Corrected to 20/_____
Near: OD 20/_____ Corrected to 20/_____ OS 20/_____ Corrected to 20/_____

5. Intraocular Tensions:

OD_____ OS_____

**STD:**
**1. ≤21 mm Hg. If less than 8 mm Hg requires optometry note stating otherwise normal.**
**2. Difference of <4 mm Hg between eyes**

6. Slit Lamp Exam (SLE for Haze)
OD: Non-pathologic for 1+
OS: Non-pathologic for 1+

**STD: Haze = 0 or 1+ (optometry states non-pathologic in each eye)**
Haze Scoring: 0 = no haze (passing), 1 = trace haze, 2 = minimal, 3 = moderate, and 4 = iris obscured

7. Corneal Topography (required):
☐ Acceptable
☐ Abnormal
Reason abnormal: _____

8. Low Contrast Sensitivity (LCS):
OD: 20/_____
OS: 20/_____

**STD: LCS 20/60 or better each eye or comment as below.**

☐ Contrast sensitivity testing not readily available. Applicant denies difficulty with night vision, glares, halos, or visual distortions.
**Note: If SLE Haze = 1+ normal low contrast sensitivity testing plus annotation it is non-pathologic is required.**

Submitted by:_____ Date:_____

Contact Info:_____

Upload form to AERO or fax or e-mail to USAAMA staff:
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