Aeromedical Summary

(PRK Study Participant)

DATE:

Patient Identification:

Previous Waivers and status:

Significant Medical History:

History of photorefractive keratectomy (PRK) in **[both eyes / right eye / left eye]**

Eye care consults: date of exam #1_____, exam #2_____

*(required for initial waiver only)

	UCVA	Manifest Refraction	BCVA
OD #1	20/_____	_____ - _____ x _____	20/_____
OS #1	20/_____	_____ - _____ x _____	20/_____
*OD #2	20/_____	_____ - _____ x _____	20/_____
*OS #2	20/_____	_____ - _____ x _____	20/_____

Physical Examination:

Lab test:

Information required:

Diagnosis: H/O PRK **[OU / OD / OS].** NPQ _____(designation; pilot, NFO, etc.)

Aeromedical recommendations: Waiver **[Recommended / Not Recommended].** Glasses or contact lenses **[Required / Not Required]** for flight. Follow up **[_____].**

_____	_____	_____
FS Signature	Local Eye Signature	NAMI Eye Signature (virtual, by phone)

Command Endorsement: Forwarded recommending **[approval / disapproval]**

CO signature and name block

NAME / RANK / SERVICE
SSN
DOB