

**MAMC WARFIGHTER REFRACTIVE EYE SURGERY PROGRAM
COMMANDER'S AUTHORIZATION
(To Be Submitted By All Applicants)**

(1) I give my permission for the following active duty Soldier to be considered for enrollment in the Warfighter Refractive Eye Surgery Program (WRESP) and for treatment if eligible.

Patient Name (Print) (Last / First / MI)

Rank

SSN

AKO Email Address

(2) I certify the following to be true:

The Soldier has at least **18 MONTHS** remaining on **ACTIVE DUTY**.

The Soldier has at least **12 MONTHS** remaining on **FORT LEWIS**

The Soldier has no adverse personnel actions pending including medical boards.

The Soldier will not receive any immunizations **30 DAYS** pre-surgery and **45 DAYS** post-surgery.

The Soldier will remain **CONUS** and is **NON-DEPLOYABLE** for at least **90 DAYS** post-surgery.

(3) I realize that after refractive surgery the Soldier will be on **CONVALESCENT LEAVE** up to **FIVE DAYS** and will have the following **PHYSICAL PROFILE** for a minimum of **30 DAYS**, but possibly up to **90 days** in a small number of patients (<10%):

No parachuting, diving, night operations or driving military vehicles.

No field, range or other duties involving strenuous activity including APFT.

No swimming, protective mask use or use of camouflage face paint.

Needs to wear sun-glasses at all times.

(4) I acknowledge that **RESERVE** Soldiers are **NOT** eligible for treatment unless they are **AGR** (Active Guard/Reserve) and have at least **18 MONTHS ACTIVE DUTY** remaining at the time of their surgery.

(5) I acknowledge this Soldier is required to complete 1, 3, 6 and 12-month **FOLLOW-UP EXAMS** required by the WRESP, or if deploying they are required to then return to MAMC for a post-operative exam at the completion of their deployment.

(6) Failure to comply with the post-operative care requirements may affect future enrollments from the Soldier's unit.

Commander's Signature

Commander's Rank and Name (Print)

Date

Commander's Email Address

Commander's Telephone Number

Applicant's Signature

Date

**THIS AUTHORIZATION MUST BE TURNED IN THE DAY OF SOLDIER'S FIRST APPOINTMENT.
FAILURE TO DO SO MAY RESULT IN CANCELATION OF APPOINTMENT.**