

WACH Warfighter Refractive Eye Surgery Program

Application for Laser Eye Surgery

Application Guidance

1. Minimum age for application to this program is **21 years old**.
2. For questions regarding application requirements, dial **912-435-2020**.
3. Please submit the following pages for consideration for laser eye surgery:
 - a. **Application for Laser Eye Surgery** (Page 2) see additional explanation below,
 - b. **Commander's Authorization** (Page 3) see additional explanation below,
 - c. Other services (i.e. US Air Force, USMC, etc) must provide their service-specific Commander's Authorization Form and include any other service-specific paperwork for review at the time of their initial examination.

General Information

1. This program is a mission readiness initiative and entry is based on priority. First priority is given to service members that are deploying. All other active duty or activated personnel who meet the basic program requirements are eligible for treatment on a space available basis and are encouraged to submit applications as they may be offered entry into a non-priority based surgery program.
2. To protect your privacy, your application must be submitted by you via in-person, fax or email. Email or fax completed original application to the WRESP clinic, located on the first floor near the DFAC (Winn Army Community Hospital). If not assigned to Fort Stewart or HAAF, email the completed documents to usarmy.stewart.medcom-winn.mbx.wresp@mail.mil or fax to 912-435-5950. However, all original documents in support of your application are required at your initial examination. No exceptions!
3. **Application for Laser Eye Surgery** - Complete all entries of the Enrollment Information, Eligibility Statement, and Applicant Agreement sections of this form.
4. **Commander's Authorization** – This form will be needed to be signed by your Brigade or Battalion Commander (O5 or above). This is a general authorization to see if you are eligible to enter into this program. If you are identified as a candidate for laser eye surgery after the medical review of your initial examination, a member of your Chain of Command will need to complete a Unit Notification form to confirm that the surgical date offered does not interfere with your organization's mission. The Unit Notification form will be given to you at your pre-surgery brief.
5. Also, to protect your privacy, the **Medical History Form** will be completed in the clinic on the day of your initial examination.
6. **Managed Care Agreement (MCA)** – All follow-up appointments will be scheduled and conducted at Fort Stewart, GA. Exceptions are coordinated or made only with a MCA. A MCA will be initiated after careful consideration based on special circumstances and decided on a case-by-case basis. Geographic location (not stationed at Fort Stewart) is not a special circumstance. A MCA (if considered) must be confirmed prior to scheduling laser eye surgery.

WACH Warfighter Refractive Eye Surgery Program Application for Laser Eye Surgery

Enrollment Information

Applicant (Last / First / MI) Rank ^{xxx-xx-}SSN Date of Birth MOS

USA USAF USN OTHER: Military Branch Military Installation Unit Name

Deployment Date (If applicable) Military School / Dates (If applicable)

Contact Address

Work Phone (Required) Contact Phone (Evenings) Cell Phone

Email Address (AKO-required and personal email)

Eligibility Statement (Initial the statement that applies to you)

_____ I am Active Duty and will not ETS or discharge 6 months from the date of my surgery.

_____ I am a member of the Reserves or Guard with _____ months remaining on active duty and will not ETS or discharge 6 months from the date of my surgery.

Applicant Agreement (Initial each statement)

_____ I am at least 21 years of age.

_____ I understand that my initial examination and all follow up appointments are done at Fort Stewart.

_____ I will bring my prescription glasses to my initial examination.

_____ My contact lenses (if applicable) will be removed at least two weeks prior to my initial examination and also two weeks prior to my surgical procedure (if approved).

_____ I understand that my Chain of Command must approved my surgery date.

_____ I am turning in my Application for Laser Surgery and Commander's Authorization Form, at this time.

_____ I understand that the approximate wait for routine processing is 2 – 3 months after my initial examination.

Applicant's Signature **Date**

