

# 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 571-801-6294.
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.
  - 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 are based on priority. Priority one 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. Hand-deliver your 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 you email your application to [dha.stewart.DHN-East.list.wresp@health.mil](mailto:dha.stewart.DHN-East.list.wresp@health.mil). 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 signed by your Brigade or Battalion Commander (O5 or above). This is a general authorization to see if you are eligible to enter 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.
5. 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 Managed Care Agreement (MCA).

# WACH Warfighter Refractive Eye Surgery Program

## Application for Laser Eye Surgery

### Enrollment Information

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Applicant (Last, First, M)	Rank	Last 4 SSN	Date of Birth	MOS
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Military Branch	Military Installation	Brigade	Unit Name
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Deployment Date (If applicable) Military School I Dates (If applicable)

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Contact Address

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Work Phone (Required)	Cell Phone	DOD Number
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Email Address (AKO-required or applicable service 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 and a driver to my initial examination.

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

\_\_\_\_\_ (for women) I have not been pregnant or breast feeding within 6 months of my initial examination.

\_\_\_\_\_ I have not taken Accutane for at least 6 months prior to my initial examination at Fort Stewart.

\_\_\_\_\_ I understand that my Chain of Command must approve 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.

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Applicant's Signature	Date
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# WACH Warfighter Refractive Eye Surgery Program Commander's Authorization

(USAF personnel must use their service-specific Authorization Form)

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

\_\_\_\_\_  
Applicant (Last, First, M)

\_\_\_\_\_  
Rank

\_\_\_\_\_  
Last 4-SSN

\_\_\_\_\_  
Applicant Email Address (AKO Preferred)

\_\_\_\_\_  
DOD Number

2. I certify the following to be true:
  - a. The service member has at least 6 months remaining on active duty.
  - b. The service member has no adverse personnel actions pending including medical boards.
  - c. The service member will remain CONUS and is non-deployable with the following considerations:
    - If LASIK or SMILE, non-deployable for 1 month
    - If PRK, non-deployable for 3 months.
  - d. If deployment is scheduled, I request that laser surgery be completed by \_\_\_\_\_  
to accommodate the applicant's mission requirements. Date \_\_\_\_\_
3. I realize that after laser eye surgery, convalescent leave for 7 days will be required. A physical profile for a minimum of 30 DAYS will be issued with the following details:
  - a. Soldier placed on convalescent leave for 7 days starting the day after surgery.
  - b. No field training or dusty/dirty environments; no airborne, tactical night, or swimming/scuba operations or underwater activities.
  - c. No physical training (PT) for 2 weeks from the date of surgery. After 2 weeks, SM is authorized to conduct PT at own pace and distance for remaining 2 weeks and allowed to take service specific fitness test (e.g. ACFT) after 30 days.
  - d. No driving of military vehicles for 2 weeks following surgery.
  - e. No combative training for 60 days.
  - f. Sunglasses must be worn for 7 days when indoors and 90 days outdoors.

I acknowledge that National Guard and Reserve applicants are not eligible for treatment unless they have been activated and have at least 6 months of active duty remaining at the time of their surgery.

4. I acknowledge this applicant is required to complete follow-up examinations at 1 and 3 months at the Fort Stewart, GA. Or if deploying before the 3-month examination is due they are required to complete the 1- and 3-month exams and then return to WACH for a post-operative exam at the completion of their deployment.
5. This authorization is good for 12 months from the date that it is signed.

\_\_\_\_\_  
O-5 or Higher Commander's Rank, Last, First Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
O-5 or Higher Commanders Email Address

\_\_\_\_\_  
O-5 or Higher Commander's Telephone Number

