Section A--General Information and Administrative Procedures

1. **Applicability.** This policy applies to all Air Force (AF) AD/ARC personnel and establishes eligibility, procedures, restrictions and recording requirements for AF members participating in and supporting the USAF Refractive Surgery (USAF-CRS) program. AN Warfighters are exempt, refer to 2.2.1.

1.1. CRS is not a TRICARE covered benefit. CRS is intended to reduce operational disadvantages related to use and care of spectacles and contact lenses by AF personnel. Though CRS may be operationally beneficial in some personnel, it still is an elective procedure. There is no requirement for any member or applicant to obtain any form of CRS. Any individual planning CRS must read and understand the benefits, limitations and risks associated with these procedures.

1.2. If applicable AF vision standards cannot be met following CRS, the member may be disqualified from continued military service. AF AD/ARC members who undergo unauthorized CRS treatment may be disqualified or restricted from certain duties.

1.3. AF personnel are separated into three Management Groups:

1.3.1. Trained — Aviation and Aviation-related Special Duty (AASD) personnel.

1.3.2. Applicants to AASD.

1.3.3. Warfighter personnel.

1.4. AF AD and ARC Warfighters (eligible for AD elective surgery benefits) are authorized treatment at DoD CRS centers and post-CRS management at their military treatment facilities. Aviation and AASD/applicants are managed and authorized treatment as outlined in Section D and Section E.

1.5. ARC personnel who are not eligible for AD elective surgery benefits may undergo CRS at their own expense at civilian centers. AD and ARC AASD members pursuing treatment at civilian CRS centers must obtain written approval to proceed from the appropriate USAF-CRS Program Manager prior to undergoing CRS, and meet all pre- and post-operative requirements as detailed in Section G. ARC Warfighters are exempt from obtaining written approval to proceed from the appropriate USAF-CRS Program Manager, but they must obtain permission from their immediate commander. Additional Air Force guidance for elective surgery is found in AFI 41-101, Obtaining Alternative Medical and Dental Care, AFI 41-210, and AFI 36-3003.

1.6. Section B defines inclusion criteria for the three Management Groups. For AASD Management Groups, members must meet both AFSC and ASC requirements. AF personnel who do not meet AASD criteria or have been permanently disqualified from AASD must comply with requirements of the Warfighter Management Group. A tool to assist in Management Group determination is available on the **USAF-CRS Website** or [Public Access](http://www.usaf-crs.com).

1.7. Each Management Group has specific USAF-CRS requirements described in detail in sections D, E and F respectively.
1.8. For the purpose of this guidance CRS authorized for AASD only includes the following:

1.8.1. Advanced Surface Ablation (ASA) procedures.

1.8.1.1. PRK.

1.8.1.2. LASEK.

1.8.1.3. Epi-LASIK.

1.8.2. Wave-Front Guided ASA procedures, refer to 1.8.1.1-1.8.1.3

1.8.3. Intra-Stromal Ablation (ISA) procedures

1.8.3.1. Standard Laser In-Situ Keratomileusis (LASIK) and its variants.

1.8.3.2. Wave-Front Guided LASIK (WFG-LASIK) “custom ablation”.

1.8.3.3. Technological advances of the basic LASIK procedure, such as femtosecond technology, “all laser LASIK”.

1.9. The procedures listed in 1.8 are approved for Warfighters. Other FDA-approved CRS procedures may be authorized for Warfighters based on guidance from the AF/SG Refractive Surgery Consultant. However, Radial Keratotomy (RK) is not approved.

1.10. Phototherapeutic keratectomy (PTK) is a therapeutic application of excimer laser technology used for pathologies of the anterior cornea. In the context of this guidance, PTK is not a CRS procedure. PTK is for medical management of corneal anomalies independent of the USAF-CRS program.

1.11. CRS re-treatment is considered a new treatment. Personnel who desire or require re-treatment must submit an application IAW with their management group requirements.

1.12. One of the goals of the USAF-CRS program is to ensure CRS treatment is prioritized in accordance with AF mission support. Prioritization categories are based on specific management groups and duty requirements. AF members seeking CRS are assigned to one of these three priority categories:

1.12.1. Priority I: Personnel assigned to AF AASD career fields. Not included are permanently disqualified aircrew and/or former aviators who have cross-trained from aviation career duties.


1.12.2. Priority II: Personnel whose routine military duties require wear of NVG, eye protection, or respiratory protection. This does not include nuclear biological chemical (NBC) masks worn only for deployment.

1.12.3. Priority III: Personnel who do not meet any of the above criteria in his/her current AFSC.
Section B—Management Group Inclusion Criteria

2. Management group inclusion criteria. To ensure specific requirements are met, personnel are assigned to one of three USAF-CRS Management Groups: Applicants to AASD, trained AASD, and Warfighter (all other AF personnel). Warfighter applications are managed by the Warfighter Program Manager (WPM) and AASD applications are managed by the Aviation Program Manager (APM).

2.1. AASD management groups: (trained AASD and applicants to AASD).

2.1.1. Trained AASD members are identified by both AFSC and ASC requirements. AASD applicants are managed, after training selection, in accordance with their anticipated AFSC/ASC. Members who are permanently disqualified from AASD will be managed as a Warfighter.

2.1.2. The AASD management groups are for AF members whose primary duties involve in-flight and/or altitude chamber exposures including career aircrew who are temporarily assigned to non-flight duties, such as staff or educational duties, while remaining qualified to return to flight duty. Non-aviation AFSC personnel who are currently assigned to perform aviation-related duties, such as parachutists or flight test engineers, are also included. AASD personnel assigned to perform aviation-related duties are identified as part of the AASD management group as long as they remain qualified for their specific aviation-related duties. AASD personnel whose aviation-related duties are terminated or suspended will be managed as a Warfighter.

2.2. Warfighter management group:

2.2.1. Includes all other AF personnel not identified as applicant and trained AASD. Note: ANG Warfighters are exempt from the requirement to obtain permission to proceed with CRS from the WPM if being treated at a civilian surgery center. ANG AASD personnel must obtain permission to proceed with CRS from the APM.

Section C—Responsibilities

3. AF member (AD or ARC) will:

3.1. Submit USAF-CRS application, required supporting documentation/evaluation, and squadron commander’s authorization, IAW specific management group requirements to the appropriate Program Manager, Warfighter Program Manager (WPM) for Warfighters or Aviation Program Manager (APM) for AASD.

3.2. Not proceed until specific management group requirements are met and “Permission to Proceed” is granted by the Program Manager (WPM/APM). Permission to proceed does not indicate member is approved for surgery. Permission to proceed means only that the member is authorized to proceed for surgical evaluation.

3.3. Read the FDA required refractive surgery informational booklet and material posted on the USAF-CRS Website or (Public Access) prior to CRS evaluation.

3.4. Undergo only authorized USAF-CRS procedures IAW this guidance.

3.5. Coordinate with and inform squadron commander, flight surgeon (FS)/PCM and AF eye clinic of USAF-CRS application, treatment and required follow-up evaluations.

3.5.1. Member will not schedule CRS at a time when surgery or recovery would interfere with an anticipated deployment or PCS cycle.
3.6. Notify FS/PCM and eye clinic that he/she has undergone USAF-CRS within one week of CRS procedure. This one week notification does not require an examination unless specifically indicated by an eye care provider.

4. Member’s Squadron Commander will:
   4.1. Maintain working understanding of USAF-CRS program.
   4.2. Grant or deny authorization for USAF-CRS application based on best interests of AF. *Commander’s Authorization expires six months after the date of the signature.
   4.3. Certify member meets AASD or Warfighter Management Group definition, has sufficient service retainability (minimum: 6 months–AASD and Warfighter) and assign appropriate treatment prioritization (see para 2.1-2.3.).
   4.4. May authorize unit-funded TDYs for treatment at DoD facilities for eligible AD/ARC Pilots and AD/ARC in-flight refuelers. Non-pilot/in-flight refueler personnel may also be authorized unit-funded or permissive TDY. Leave status is NOT authorized for treatment at DoD CRS Centers. TDY en route for refractive surgery must be authorized only after coordination for follow-up care. Note: See AFI 36-3003 for further guidance.
   4.5. Support operational restrictions following USAF-CRS, as required. Once returned to flying status, squadron commanders are strongly encouraged to require that post-CRS pilots accomplish the following sorties (as applicable to the unit’s mission) with an instructor pilot in order to assure operational safety after CRS: first day and night sortie; first night refueling; first night formation flight.

5. Flight Surgeon (FS) (AASD management groups) will:
   5.1. Maintain working understanding of USAF-CRS program.
   5.2. Serve as point of contact for and monitor all AASD personnel during application, treatment and post-CRS management to ensure program compliance.
   5.3. Coordinate required CRS-related evaluations with local eye care professional.
   5.4. Accomplish appropriate grounding actions and waiver recommendations.
      5.4.1. Submit aeromedical summary and all required waiver documentation in AIMWTS. Please see the Waiver Guide or [Public Access](http://www.public-access.gov) for guidance. Return to flight status before waiver completion is not authorized.
      5.4.2. Initiate appropriate AF Form 469 as required. Member will not deploy or PCS until steroid eye drops have been discontinued and at least one month has passed since the date of surgery. Post-CRS steroid treatment is co-managed by the treating surgeon and the local eye care provider and may be required for 4 months or longer.
      5.4.3. PCS while on steroid eye drops may be authorized only after coordination for follow-up care due to the need to monitor the member’s intraocular pressure. A co-managed care agreement must be signed by the gaining eye care provider before the member is authorized to PCS.
   5.5. Provide squadron education briefings on USAF-CRS policy. Briefings may be in conjunction with local eye care provider.
5.6. If the member’s co-management is provided by a non-AF eye care provider, the FS or local eye care provider is responsible for ensuring all copies of CRS pre-operative, post-operative and CRS related incident documents and any supporting documents, if required or requested, are entered electronically into AHLTA and a hard copy placed in the medical record following the same guidelines as for any other medical visit.

5.7. Report to USAF-CRS APM aircrew grounded for unexpected CRS-related events.

6. PCM (Warfighter Management Group) will:

6.1. Maintain working understanding of USAF-CRS program.

6.2. Initiate appropriate AF Form 469 as required. Member will not deploy or PCS until steroid eye drops have been discontinued and at least one month has passed since the date of surgery. Post-CRS steroid treatment is co-managed by the treating surgeon and the local eye care provider and may be required for 4 months or longer.

6.2.1. PCS while on steroid eye drops may be authorized only after coordination for follow-up care due to the need to monitor the member’s intraocular pressure. A co-managed care agreement must be signed by the gaining eye care provider before the member is authorized to PCS.

6.3. If the member’s co-management is provided by a non-AF eye care provider, the PCM or local eye care provider is responsible for ensuring all copies of CRS pre-operative, post-operative and CRS related incident documents and any supporting documents, if required or requested, are entered electronically into AHLTA and a hard copy placed in the medical record following the same guidelines as for any other medical visit.

7. Air Force Eye Care Provider will:

7.1. Maintain working understanding of USAF-CRS program.

7.2. Serve as point of contact for Warfighter Management Group personnel during the CRS application, treatment and post-CRS management.

7.3. Monitor all CRS-treated AF personnel; either by Administrative co-management with a DoD CRS Center or by Administrative Monitoring Agreement for civilian treatments.

7.4. Attend the USAF-CRS and Operational Optometry Workshop, offered by the USAF School of Aerospace Medicine, at the earliest possible opportunity based on local mission requirements. If local operational mission requirements prevent the AF eye care provider from attending this training, the AF eye care provider must complete the online CRS training course and the provider’s unit commander must request a waiver from the USAF-CRS APM before beginning CRS care. These waivers are valid until the next scheduled workshop. Refresher workshop attendance is highly recommended every 4 years at a minimum, or as directed by USAF-CRS Consultant. For workshop information, visit the USAF-CRS Website or [Public Access]

7.5. Coordinate and accomplish clinical screening, referral/application and post-CRS evaluations IAW appropriate Management Group requirements.

7.5.1. Use ONLY AF-approved CRS application and post-CRS evaluation forms. Specific guidance regarding current approved forms is available on the USAF-CRS Website or [Public Access]
7.5.2. Sign and date the co-managed care agreement for member’s post-CRS management/care before any CRS is scheduled. Also indicate when co-management agreement expires. This is to ensure co-management services are available for the post-operative period.

7.5.3. Warfighter management:

7.5.3.1. Initiate and manage appropriate AF Form 469 in conjunction with member’s PCM (as per 6.2).

7.5.3.2. Certify member regarding CRS-related duty restrictions and “Return to Duty” determinations. Vision Requirements based on Officer and Enlisted classification directory. For clarification of any requirement, please examine these publications. MSD and Vision Standards

7.5.3.3. Notify applicable USAF WPM and USAF CRS Consultant of any CRS complications/incidents mailto:WHMC-CRS@us.af.mil

7.5.4. AASD management:

7.5.4.1. Certify member regarding CRS-related duty restrictions and AASD vision requirement status. Advise member’s FS on aircrew’s status for appropriate DNIF actions.

7.5.4.2. Report to FS and USAF-CRS APM aircrew that require grounding for unexpected CRS-related events. mailto:USAFSAM.AP.Mgr@us.af.mil

7.6. Ensure all post-operative evaluations, reports and supporting documents are available for the flight surgeon’s review through appropriate AHLTA documentation, supplemented by hard copies in the medical record when required. These forms must be available to the flight surgeon within the same guidelines as any other medical visit. For current post-op forms, see the refractive surgery website. USAF-CRS Website or (Public Access)

7.7. Support FS’s squadron and professional staff education briefings on CRS and related policies.

8. USAF-CRS Centers will:

8.1. Comply with CRS clinical practice guidelines published by USAF-CRS consultant and posted on the USAF-CRS Website or (Public Access) and the Air Force Waiver Guide for AASD personnel.

8.2. Review and provide clinical quality control of CRS documentation. Certify eligibility and ensure member has been authorized to undergo CRS IAW appropriate management group.

8.3. Coordinate CRS treatment.

8.3.1. Ensure a valid Managed Care Agreement and Commander’s Authorization is on file for the member prior to scheduling CRS treatment. Verify applicant has “Permission to Proceed” authorization from the appropriate Program Manager. Notify member and local eye care provider of clinical eligibility and coordinate scheduling for Warfighter applicants. Notify member, flight surgeon and local eye care provider of clinical eligibility and coordinate scheduling for AASD applicants. CRS procedures for USAFA cadets will be accomplished at the USAFA Refractive Surgery Center.
8.3.2. All AF AD and ARC Trained AASD personnel eligible for AD elective surgery benefits are authorized treatment at any DoD CRS center on either unit funded TDY or PTDY IAW AFI 36-3003.

8.4. Accomplish final pre-operative clinical evaluation, final treatment decision/plan, informed consent documentation, CRS treatment and initial follow-up.

8.4.1. Maintain a copy of all pre-operative, operative and post-operative documentation indefinitely IAW quality assurance guidance.

8.5. Report any complications to the appropriate program manager as well as the USAF CRS consultant in a timely manner.

9. Waiver Authority (AASD Management Groups only) will:


9.2. Waiver and certification authority may not be delegated to local waiver authority.

9.3. An indefinite waiver may be granted by the waiver authority at initial waiver following all uncomplicated approved refractive surgery procedures (except pilot and boom operator who undergo hyperopia treatments) once the aircrew member is off all medications and meets post-op stability and vision criteria.

10. USAF-CRS Program Managers will:

10.1. Review all USAF-CRS applications to ensure clinical guidelines, waiver criteria and administrative requirements are met. Grant “Permission to Proceed” if policy criteria are met or deny if policy criteria are not met.

10.2. For AASD personnel, notify member, member’s flight surgeon and co-management eye care provider of member’s application status.

10.3. Develop and maintain database of USAF-CRS applications, post-CRS evaluations and CRS-related incidents.

10.4. Develop and review referral screening criteria with USAF-CRS Consultant.

10.5. Develop and provide CRS education for USAF-CRS personnel with USAF-CRS Consultant.

10.6. Provide updates on status of CRS in AF personnel to HQ AF/SG3P to include statistics, trend analysis, conclusions and recommendations as appropriate.

11. USAF-CRS Consultant will:

11.1. Coordinate procedures and management of all USAF-CRS centers.

11.2. Develop and review USAF-CRS Clinical Practice Guidelines.

11.3. Develop and review USAF-CRS management referral criteria in coordination with USAF Aerospace Ophthalmology Consultant.
11.4. Develop and provide USAF-CRS application, post-CRS evaluation forms and related documents in conjunction with USAF Aerospace Ophthalmology Consultant.

11.5. Develop and maintain web-based information source on USAF-CRS policy/program and related documents in conjunction with USAF Aerospace Ophthalmology Consultant.

11.6 Certify co-managing eye care providers in coordination with USAF Aerospace Ophthalmology Consultant.

11.6.1. AF eye care providers will be certified by attending the USAF-CRS and Operational Optometry Workshop. See paragraph 7.4

11.6.2. Non-AF eye care providers will be certified by self-study and testing regarding AF CRS policies and procedures. Study materials and test will be administered by the USAF Aerospace Ophthalmology Consultant. Intent of the self-study and testing is to ensure the non-AF eye care provider is aware of the CRS procedures and deployment/PCS restrictions for all AF personnel with special emphasis on AASD members.

12. USAF Aerospace Ophthalmology Consultant will:

12.1. Develop and provide aviation CRS application form, post-CRS evaluation forms and related documents in coordination with the USAF-CRS Consultant.

12.2. Accomplish advanced clinical pre-and post-op reviews and evaluations on AD/ARC pilots and in-flight refuelers IAW CRS policy and the waiver guide.

12.3. Develop, validate and field quality-of-vision tests to assess visual performance after CRS to assist in waiver processing of aircrew at the return-to-fly and waiver renewal points. Tests must be coordinated and approved by USAF/SG3P Chief, Aerospace Medicine Policy and Operations.

12.4. Educate and certify AF eye care providers for CRS management in conjunction with the USAF-CRS Consultant.

12.5. Educate and certify non-AF eye care providers for CRS co-management in conjunction with the USAF-CRS Consultant. Certification will be designed to ensure co-managing eye care providers are aware of the appropriate guidelines and requirements for AF members, regardless of the Service providing the CRS treatment or post-operative care.

12.6. Provide oversight and direction of USAF-CRS for Warfighters Workshop in conjunction with the USAF-CRS Consultant.

13. USAF/SG3P Chief, Aerospace Medicine Policy and Operations, or USAF/SG designee:

13.1. Provide USAF-CRS policy and updates as required.

13.2. Provide updates on status of CRS in AF personnel to HQ AF/SG.

Section D—Applicants to Aviation and Aviation-Related Special Duty (AASD)

14. Pre-CRS Criteria. Applicants to AASD training programs (see Section B for AASD definitions) must follow requirements set in this chapter. After completion of flight training, guidance and requirements set in Section E must be met.
14.1. See USAF-CRS Website or (Public Access) for Clinical Criteria and the Air Force Waiver Guide for specific guidance related to AASD personnel.

14.2. Documentation of pre-CRS status must be provided.


15.1. Applicant must be a minimum of 6 months post-CRS for their initial flight physical prior to waiver disposition.

15.2. The examining FS must enter all pre- and post-CRS documentation in the PEPP and AIMWTS, including the documentation of those applicants who are medically disqualified at the time of their initial flying class physical examination.

15.3. Aeromedical summary accompanying the initial physical examination must include documentation that all clinical criteria are met.

Section E—Trained Aviation and Aviation-Related Special Duty (AASD) Personnel: Note: See aircrew waiver guide for specific clinical guidelines.


16.1. AASD CRS application information and required application form is available on-line at: USAF-CRS Website or (Public Access).

16.2. AD and ARC (eligible for AD elective surgery benefits) AASD personnel must have 6 months of retainability following planned CRS treatment.

16.3. Read the FDA required refractive surgery informational booklet and material posted on the USAF-CRS Website or (Public Access)

16.4. Member will submit all completed application and supporting documents to: The email or physical address found on the application form.

16.5. USAF-CRS APM will review completed aviation CRS application to ensure program policy criteria are met and issue permission to proceed or denied as appropriate.

16.6. USAF-CRS APM will enter application data into USAF-CRS database.

17. “Permission to Proceed” Information.

17.1. USAF-CRS APM accomplishes “Permission to Proceed” determinations. The following categories are assigned:

17.1.1. Approved: “Permission to Proceed” is granted. Member is authorized to proceed with CRS evaluation. Instructions to undergo CRS evaluation will accompany this approval. Treatment must be completed within 6 months of the commander’s signature on the command authorization form. The application process must be re-accomplished if member is unable to accomplish CRS within this time period.

17.1.2. Denied: Applicant does not meet AASD personnel pre-CRS criteria. Applicant is not authorized to undergo CRS treatment IAW USAF-CRS policies. Applicant may not undergo Warfighter or civilian CRS unless authorized by USAF-CRS APM. Note: Treatment under Warfighter policy or at a civilian facility, if previously denied under aviation policy, may result in permanent disqualification from future aviation duties.
17.2. USAF-CRS “Permission to Proceed” determination document will be sent to the member with a copy to the member’s FS and AF eye care provider by the APM. AASD member may not undergo CRS prior to receipt of “Permission to Proceed” from the APM. It is the responsibility of the treating surgeon and AF member to ensure that this requirement is met.

17.3. All AF AD and ARC Trained AASD personnel eligible for AD elective surgery benefits are authorized treatment at any DoD CRS center on either unit funded or PTDY IAW AFI 36-3003.

17.4. Trained AASD personnel who are not eligible for AD elective surgery benefits may undergo CRS at their own expense at civilian centers and must take leave IAW AFI 36-3003 once “Permission to Proceed” from the APM has been granted.

17.5. No aviation personnel will receive monovision (one eye corrected for distance vision and the other corrected for near vision) refractive surgery.

17.6. FS will manage appropriate grounding actions and DLC.


18.1. Read the Waiver Guide or (Public Access) for specific post-CRS requirements.

18.2. Member must complete post-CRS evaluation as defined in the waiver guide. Failure to comply with evaluations and submission of documentation may result in grounding (DNIF) until requirements are met.

18.3. ARC members, unless eligible for AD medical care benefits, must accomplish required post-CRS evaluations at own expense from civilian CRS provider. Copies of post-CRS evaluation must be provided and entered into member’s AF medical record.

18.4. The member’s flight surgeon will submit aeromedical summary and all required waiver documentation in AIMWTS (per the waiver guide) for forwarding to the waiver authority. Waiver authority will not grant any waivers until all required information is received in AIMWTS and made available to the USAF-CRS APM. Note: Return to flying status with a local AF Form 1042 prior to waiver approval by the waiver authority is not authorized.

18.5. Any visual complaints, surgical complications, post-surgical incidents, or recommended duty restrictions must be documented in the medical record, and included in the post-CRS evaluation documentation and submitted via AIMWTS at initial waiver or waiver renewal.

18.6. If corrective lenses are required to meet applicable vision standards, they must be prescribed and worn. Contact lens wearers must carry spectacle back-ups when flying IAW the Aircrew Contact Lens Program Policy. If NVG are required for the duty position, applicable NVG vision standards must be met.

18.7. Member will not deploy nor PCS while on steroid eye drops after any CRS procedure. Individuals will not be eligible for deployment until steroid eye drops are discontinued and at least 1-month has passed from the date of surgery.

18.7.1. Member will not schedule CRS at a time where surgery or recovery would interfere with an anticipated deployment cycle.

18.8 Post-CRS follow-ups must be accomplished IAW USAF-CRS Website or (Public Access)
Section F—Warfighter Personnel

19. Warfighter CRS Application Process. All AF personnel not specifically managed IAW AASD requirements must comply with Warfighter management group requirements.

19.1. Member will obtain signed Squadron Commander’s authorization form and application form posted on the USAF-CRS Website or (Public Access).

19.2. AD and ARC (eligible for AD elective surgery benefits) personnel must have 6 months of retainability following planned CRS treatment.

19.3. AD and eligible ARC members may obtain approved CRS procedures at any DoD CRS Center. DoD CRS Centers will contact member regarding approval and schedule appointment for CRS.

19.4. For ARC personnel not eligible to receive elective surgery at AF medical treatment facilities or AD personnel electing civilian treatment, the member must obtain the CRS and follow-up at their own expense.

20. “Permission to Proceed” Information.

20.1. Warfighter personnel undergoing CRS in Warfighter management may travel on permissive TDY or unit-funded TDY status IAW AFI 36-3003. CRS planned during TDY en route with a PCS is authorized only after coordination for follow-up care from the gaining base. Leave status is not authorized for treatment at DoD CRS Centers.

20.2. Warfighters eligible for AD elective surgery may be treated at any DoD CRS Center. Coordination for treatment is managed by the member. The member’s squadron commander must grant permission for USAF-CRS prior to treatment.

20.3. Warfighters not eligible for AD elective surgery benefits are authorized civilian CRS treatment/follow-up at his/her own expense within the guidelines set in AFI 41-210 (electing optional medical care).

20.4. USAF-CRS WPM accomplishes “Permission to Proceed” determinations. The following categories are assigned:

20.4.1. Approved: (“Permission to Proceed” is granted). Member is authorized to proceed with CRS evaluation. Instructions to undergo CRS treatment will accompany this approval. Treatment must be completed within 6 months of the commander’s approval date. The application process must be re-accomplished if member is unable to accomplish CRS within this time period.

20.4.2. Denied: (Applicant does NOT meet pre-CRS criteria). Applicant is not authorized to undergo CRS treatment IAW USAF-CRS policy. Applicant may not undergo Warfighter or civilian CRS unless authorized by USAF-CRS WPM. Note: Treatment at a civilian facility, if previously denied under USAF-CRS policy, may result in permanent disqualification from military duties.

20.5. USAF-CRS “Permission to Proceed” determination document will be sent to the member with a copy to the member’s AF eye care provider. Member may not undergo CRS prior to receipt of an approved “Permission to Proceed” document. It is the responsibility of the treating surgeon and AF member to insure that this requirement is met.

21.1. The AF local eye care provider in conjunction with the member’s PCM must initiate an appropriate DLC when the member returns from a CRS procedure. The DLC will be managed by member’s PCM in coordination with the local eye care clinic. Member will not deploy nor PCS while on steroid eye drops after any CRS procedure (unless prior authorization has been attained). Individuals will not be eligible for deployment until steroid eye drops are discontinued and at least one month has passed from the date of surgery.

21.2. All personnel undergoing CRS must be evaluated by a DoD eye care provider in order to be cleared to resume unrestricted duties.

21.3. Member may return to limited duty (but is still not deployable) within a few days after surgery as recommended by the local eye care provider.

21.4. Individual must meet the applicable USAF vision standards in the Medical Standards Directory (MSD), before returning to full duty. If corrective lenses are required to meet the applicable vision standards, they must be prescribed and worn. Contact lens wearers must have spectacle back-up. If NVG are required for the duty position, applicable NVG vision standards must be met.

22. Post-CRS Requirements.

22.1. Follow-ups must be accomplished IAW USAF-CRS Website or (Public Access). Local CRS follow-up must be accomplished by the MTF prioritized IAW AFI 41-115.

Section G—Air Force Personnel Seeking CRS at a Civilian Treatment Center

23. Civilian CRS application process. AF members (AD or ARC) not eligible for AD elective surgery benefits or electing to pursue civilian treatment are authorized to obtain CRS and follow-up care at their own expense. Additional AF guidance for elective surgery is found in AFI 41-101, AFI 41-210, AFI 36-3003 and DoDI 1332.39.

24. Civilian CRS application information, required application form, and other supporting documents are available on-line at USAF-CRS Website or (Public Access).

25. AF Member’s responsibilities.

25.1. Submit USAF-CRS application and required supporting documentation and evaluation to include Commander’s Authorization Form. If civilian treatment is desired, ensure the Administrative Monitoring Agreement for Civilian Treatment and Managed Care Agreement for Civilian Treatment forms are included with the application IAW specific management group requirements.

25.2. Not proceed with or schedule surgery until specific management group requirements are met and “Permission to Proceed” authorization from the appropriate USAF-CRS Program Manager is granted.

25.3. Read the FDA required refractive surgery informational booklet and material posted on the USAF-CRS Website or (Public Access) prior to CRS.

25.4. Undergo authorized USAF-CRS procedures IAW this guidance and receive all follow-up care by civilian CRS center at their own expense.
25.5. Coordinate with and inform squadron commander, FS/PCM and AF eye clinic of USAF-CRS application, treatment and follow-up evaluations, as required. Notify FS/PCM and AF eye clinic that he/she has undergone USAF-CRS within one week of CRS procedure.

25.6. Comply with and accomplish all required referral and follow-up evaluations. Non-compliance may result in duty restrictions and/or disqualification.

25.7. Provide a copy of all pre-operative evaluations, surgical reports, and follow-up exams performed by the civilian CRS center for inclusion in military medical records.

26. FS/PCM responsibilities.

26.1. In coordination with the patient’s eye care provider:

   26.1.1. Initiate an AF Form 469.

   26.1.2. Evaluate the member to determine if USAF Vision Standards are met IAW the Medical Standards Directory.

26.2. Notify the appropriate USAF-CRS Program Manager of any CRS-related complications or incidents per clinical practice guidelines.

27. “Permission to Proceed for CRS evaluation”. Note: To ensure specific requirements are met, personnel are assigned to one of three USAF-CRS Management Groups: Applicants to AASD, trained AASD, and Warfighter (all other AF personnel). Warfighter applications are managed by the Warfighter Program Manager (WPM) and AASD applications are managed by the Aviation Program Manager (APM). A tool to determine the appropriate CRS management group is available at the USAF-CRS Website or (Public Access).

27.1. WPM or APM accomplishes “Permission to Proceed for CRS Evaluation” determinations. The following categories are assigned:

   27.1.1. Approved: (“Permission to Proceed” is granted). Member is authorized to proceed with CRS evaluation for surgery at the civilian laser center. Instructions to undergo CRS evaluation will accompany this approval. Evaluation and surgery must be completed within 6 months of the commander's authorization date of signature. The application process must be re-accomplished if member is unable to accomplish CRS within this time period.

   27.1.2. Denied: (Applicant does not meet USAF pre-CRS criteria). Applicant is not authorized to undergo CRS treatment IAW USAF-CRS policies. Applicant may not undergo civilian CRS unless authorized by appropriate USAF-CRS program manager. Note: Treatment at a civilian facility, if previously denied by USAF policy, may result in duty restrictions and/or permanent disqualification from future aviation duties.

   27.1.3. Pending: Applicant must supply additional administrative and/or clinical documentation prior to permission status determination.