

**Corrective Eye Surgery Waiver Form  
For  
United States Army Ranger Training  
(Post-PRK or Post LASIK)**

**Note:**

**-Waivers for corrective eye surgery are only needed if the surgery date is less than 90 days from the start date of Ranger School.**

**-Cannot attend Ranger School if the surgery date is less than 30 days from the start date of Ranger School.**

**- Cannot attend Ranger School if still using daily medicated eye drops.**

**Part 1. (To be completed by applicant):**

Name: \_\_\_\_\_ Rank: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: Home(\_\_\_\_\_) \_\_\_\_\_ Work:(\_\_\_\_\_) \_\_\_\_\_  
Unit of assignment: \_\_\_\_\_

Surgery Date: \_\_\_\_\_ Type: PRK ☐ LASIK ☐

1. I do \_\_\_\_\_ do not \_\_\_\_\_ have difficulty with glares or haloes at night.
2. I do \_\_\_\_\_ do not \_\_\_\_\_ have difficulty with daily activities such as driving, reading, signs at night, or being exposed to bright sunlight.
3. I do \_\_\_\_\_ do not \_\_\_\_\_ have double vision.
4. List any topical eye drops/medications you are using or have used in the last month: \_\_\_\_\_.

**Part 2. (To be completed by Ophthalmologist or Optometrist):**

1. Pre-Laser Treatment Refractive Error: \_\_\_\_\_ (sph) \_\_\_\_\_ (cyl) \_\_\_\_\_ (axis)OD  
(Must be documented in pt record) \_\_\_\_\_ (sph) \_\_\_\_\_ (cyl) \_\_\_\_\_ (axis) OS
2. Best Uncorrected visual acuity: (sc) \_\_\_\_\_ OD \_\_\_\_\_ OS Date: \_\_\_\_\_  
Best Corrected visual acuity: (cc) \_\_\_\_\_ OD \_\_\_\_\_ OS Date: \_\_\_\_\_
3. Post-Laser Treatment Refractive Error:  
\_\_\_\_\_ (sph) \_\_\_\_\_ (cyl) \_\_\_\_\_ (axis)OD Date: \_\_\_\_\_  
\_\_\_\_\_ (sph) \_\_\_\_\_ (cyl) \_\_\_\_\_ (axis)OS Date: \_\_\_\_\_
4. Slit Lamp Exam of Cornea-Interface Haze, rippling/displacement of flap, scarring?  
\_\_\_\_\_

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Applicant's name: \_\_\_\_\_ Rank: \_\_\_\_\_ Age: \_\_\_\_\_  
DOB: \_\_\_\_\_

After examination, I find limitations \_\_\_\_\_ or no limitations \_\_\_\_\_ that would inhibit the soldier's successful completion of Ranger Training.

Name: \_\_\_\_\_ Rank: \_\_\_\_\_

Location: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature w/ stamp: \_\_\_\_\_

Notes:

1. Requirements are in accordance with OTSG's 04 Feb 2002 memorandum pertaining to medical waivers for individuals with a history of PRK or LASIK surgery.
2. Waiver Data Sheet **MUST** accompany soldier's Ranger Physical when presenting to Fort Benning. Failure of soldier to produce validity of evaluation will result in dismissal from course.
3. Any questions can be emailed to the RTB Physician's Assistant at:  
[shawn.m.thompson@conus.army.mil](mailto:shawn.m.thompson@conus.army.mil) or call DSN: 784-6649 or COM: (706) 544-6649 or (706) 464-7579.