

DEPARTMENT OF THE ARMY

Unit Address

OFFICE SYMBOL

DATE

MEMORANDUM FOR Commander Tripler Army Medical Center, ATTN: Refractive Surgery Center, 2C
Tripler AMC, Hawaii 96859-9000

Subject: Commander's Authorization /Endorsement of Refractive Surgery for Marine, Navy, & Coast Guard Service Members

1. _____ has been granted my endorsement/permission to have laser surgery. **I acknowledge this Service Member is at least 21 years of age** and may be waiting to have their surgical procedure performed for a period of three (3) to six (6) months of time, depending on the availability of surgical appointments. Please enter SM (name, rank and SSN) in the space provided.

2. The individual stated above will have **at least 1 month** remaining on-island (Oahu residents only) after surgery. **They SHALL NOT be scheduled for off-island training/travel for 1 month after LASIK or 1 month after PRK** and they must be eligible for retention in the service for at least **12 months** after surgery (will not be retiring, separating or chaptered). The individual's projected separation/retirement/end of service commitment date is _____. Non-Oahu residents will be **required to stay on Oahu for 7-10 days after surgery**, rarely longer if medically necessary.
UNIT: _____

3. I realize that after the surgery, the individual will receive the following temporary duty restrictions after the surgery for **30** days, possibly up to 60 days:
a. No jumping for up to 1 month
b. No swimming for up to 1 month
c. No night operations for up to 1 month
d. No operating a military vehicle for **4** weeks
e. No field/sea duty for up to 1 month
f. No weapons training for up to 1 month

4. U.S. Army policy states that this individual is **non-deployable 3 months after PRK or 1 month after LASIK**

5. I realize that the individual will be on convalescent leave for one of the following surgeries:
PRK: Recommend convalescent leave until bandage contact lens is removed (typically 4-5 days)
LASIK: Recommend convalescent leave for the day of surgery and for two days after surgery

6. I understand that the individual **MUST** keep all, but not limited to, the listed follow-up appointments:
PRK: 5 day, 3 week and 3 month. **LASIK:** 1 day, 1 week, 1 month, 3 month.

7. I further realize that if the individual receives an eye injury during the first 12 months after surgery, it is **imperative** that the individual be seen by an optometrist/ophthalmologist as soon as possible.
****PLEASE DO NOT SIGN THIS AUTHORIZATION IF YOU CANNOT CONFIRM THAT YOUR SERVICEMEMBER WILL RETURN FOR THE FOLLOW-UP APPOINTMENTS NOTED ABOVE****

Commander's Signature: _____
Commander's Printed Name: _____
Rank & Unit Commanding: _____
Phone number (*required): _____

COMMANDER'S SIGNATURE BLOCK
MUST BE ORGINIAL SIGNATURE; NO COPIES

For all Army personnel, the commander's letter must be signed by the battalion commander (O5 or higher).

**** Army personnel who do not have an O5 in a command position please submit a copy of the Assumption of command memorandum with the Commander's Authorization letter.****

For all other branches of service, your **unit** commander (O3 or higher) must sign the letter.

If someone signs "by direction" or as "acting" commander, an "Authorization to Sign By Direction" memorandum or "Assumption of Command" memo/letter must accompany the commander's letter.

The commander's letter must be dated within 6 months of surgery.

ETS/Retirement date **must** be entered (indefinite is not acceptable). This date should indicate the end of your obligation to the military.

The commander's signature block must be completed. **Please use the Commanders Authorization letter that's provided on this web site.**

****Signature block must include unit commander's signature, printed or typed name, unit commanding, and rank and contact number.****

If someone signs "by direction" or as "acting" commander, an "Authorization to Sign By-Direction" memorandum or "Assumption of Command" memo/letter must accompany the commander's letter.

Additionally, there **cannot** be any "scratch-outs", "write-overs", or white out on the commander's letter; **as this is a legal document it will not be accepted with errors.** Service members submitting commander's letters with "scratch-outs", "write-overs", or white out will be asked to bring in a new memo.

Active Duty Air Force must also bring the commanders's authorization "Warfighter" corneal refractive surgery (CRS) program form.

Commander's letter must be turned in at the patient's initial evaluation appointment.