

DEPARTMENT OF THE ARMY

OFFICE SYMBOL

DATE

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

SUBJECT: Commander's Endorsement of Laser Surgery for Air Force Service Members

1. \_\_\_\_\_ has been granted my permission/endorsement to have laser surgery.  
NAME, RANK, SSN
2. The individual stated above will have at least 3 months remaining on Island after surgery. They should not be scheduled for off-island training/travel for 1 month after LASIK or 3 months after PRK, and they must be retainable in the service for at least 6 months after surgery (will not be retiring, separating, or chaptered). The individual's projected separation/retirement/end of service commitment date is \_\_\_\_\_.  
\*\*UNIT: \_\_\_\_\_
3. I realize that after the surgery, the individual will receive the following temporary duty restrictions after the surgery for 14 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 2 weeks
  - e. No field duty for up to 1 month
  - f. No weapons training for up to 1 month
4. US Air Force policy states that this individual is not 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** surgery is four (4) days.  
**LASIK** Surgery is two (2) days.
6. I understand that the individual **must** keep all, but not limited to, the listed follow-up appointments:  
**PRK**: 5 day, 2 week, 1 month and 3 month. A 6 month follow-up is required if the patient is available.  
**LASIK**: 1 day, 1 week, 1 month, 3 month. A 6 month follow-up is required if the patient is available.
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 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 ORIGINAL SIGNATURE; NO COPIES

If you **are not** assigned to the 25th ID on Schofield, your **unit** commander (03 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 w/in 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.

DEROS date must be entered (this is the date that you will leave the island).

The commander's signature block must be completed.

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

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.

In addition, there **cannot** be any “scratch-outs”, “write-overs”, or white out on the commander’s letter. Service members submitting commander’s letters with “scratch-outs” or “write-overs” 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 completed, when patients come to their initial appointment.**

**This must be provided upon arrival along with a copy of the patient’s eye exam and any other paperwork listed on this sheet.**