## FC I/MFS CORNEAL REFRACTIVE SURGERY (CRS) CHECKLIST Must Be Completed By Your Eye Care Professional

Name:	Last 4 SSN:	Date of FC I exam:

**Approved** CRS procedures include: photorefractive keratectomy (PRK), epithelial-laser in-situ keratomileusis (epi-LASIK), laser in-situ epithelial keratomileusis (LASEK), and laser in-situ keratomileusis (LASIK) with flap formation either by microkeratome or femtosecond laser (Intralase).

Although it is expected that most, if not all, procedures will be accomplished using wavefront-guided technique, this is not a requirement.

**Non-Approved** CRS procedures include radial keratotomy, <u>limbal relaxation incisions</u>, thermokeratoplasty, intracorneal rings, clear lens extraction and any phakic lens implantation (ICL). These procedures are **disqualifying** (not waiverable) for ALL flying positions without exception.

The current use of punctal plugs is **<u>disqualifying</u>** for all initial flying exams. If you had punctal plugs inserted pre or post operatively, they **<u>must be removed at least 30 days prior</u>** to your evaluation. Failure to do so will <u>delay the processing</u> of your physical.

1. PRE-OPERATIVE cycloplegic refraction <u>cannot exceed +3.00 to -8.00 in ANY meridian</u> and <u>cannot exceed</u> <u>3.00 diopters of astigmatism</u> to be waiverable for any flying position.

2. OPERATIVE REPORT (must provide copy of laser report) Date of surgery:

**3.** Two post-op manifest refractions, at least one month apart, with no more than 0.50 diopter shift in sphere or cylinder power (initial post-op refraction must be at least 90 days post-RS):

Date :			
OD: Sph:	Cyl:	Axis:	BCVA 20/
OS: Sph:	Cyl:	Axis:	BCVA 20/
Date:			
OD: Sph:	Cyl:	Axis:	BCVA 20/
OS: Sph:	Cyl:	Axis:	BCVA 20/

List any surgical or post-operative complications (e.g. corneal haze, flap striae, ocular hypertension, etc):

List any CURRENT eye medications used (including over-the-counter) and frequency of use:

List any CURRENT side effects secondary to the surgery:

Glare/ghosting/halos Dry Eye:	YES	NO □ □	Double Vision: Difficulty [ seeing at night: [	ES NO
Please explain all YES respo	nses:			

Notes:

- Must include copies of all pre and post-operative exams (as well as any other eye surgeries) with this sheet.
- This sheet and accompanying documents must be submitted at least **30 days** prior to your appointment.

Printed name & stamp (Eye care professional)

Signature and date