



Blanchfield Army Community Hospital  
Warfighter Refractive Eye Surgery Center  
(270) 956-0775 Fax (270) 956-0770

E-mail: [usarmy.campbell.medcom-bach.list.wresp-users@mail.mil](mailto:usarmy.campbell.medcom-bach.list.wresp-users@mail.mil)

---

## Procedures for screening and selection for the Refractive Surgery Program:

### Qualifications:

***\*\*ONLY Active Duty Service Members 18 years of age and have 6 month service obligation remaining from the day of surgery may apply\*\****

1. The Service Member (SM) will have the Commander's (CDR) Endorsement (page 2) and Refractive Surgery Checklist (page 3) completed before any other steps can be taken by the Warfighter Refractive Eye Surgery Center (WRESC). The exact method and order for completing each form may vary from unit to unit – details for this are left up to each command. If both forms are a "GO", then the SM proceeds to the next step.
2. Once all of the above is complete, the SM will report to the WRESC at Blanchfield Army Community Hospital (BACH) 3<sup>rd</sup> Floor C building with the following:
  - The complete packet (all pages). Retyped packets will **NOT** be accepted.
  - Commander's Endorsement **MUST** be signed by current Company (at least O3) and Battalion (at least O5) level or higher commander and be less than 90 days old. If signed by acting Company/Battalion CDR, bring a copy of the assumption of command orders.
  - ID Card (CAC)
  - Proof of ETS or separation date (**Enlisted and Officer—SRB/ RE-UP, etc.**) **\*\*AGR Service Members MUST provide a copy of AGR orders.\*\***
  - **Bring your current glasses or be able to provide an eyeglass prescription older than one year to your 1<sup>st</sup> Preoperative appointment.**
  - **CONTACT LENSES NEED TO BE OUT FOR AT LEAST 14 DAYS PRIOR TO THE FIRST APPT. DO NOT WEAR ANY CONTACT LENSES UNTIL AFTER YOUR SURGERY ELIGIBILITY HAS BEEN DETERMINED**
3. Once all of the above documentation has been presented and verified by the Warfighter Refractive Eye Surgery Center staff at Blanchfield Army Community Hospital, then the SM will be booked for two preoperative appointments.
4. Refer all questions to the Warfighter Refractive Eye Surgery Center at 270-956-0775.

(Office Symbol) \_\_\_\_\_

(Date) \_\_\_\_\_

MEMORANDUM TO OIC, Warfighter Refractive Surgery Clinic, Blanchfield ACH

SUBJECT: Commander's Endorsement of Refractive Eye Surgery

1. I hereby give my endorsement/permission for the below listed active duty Service Member (SM) to be evaluated for enrollment in the refractive eye surgery program.

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

First, Last M

DOD ID NUMBER: \_\_\_\_\_ ETS DATE: \_\_\_\_\_

RANK: \_\_\_\_\_ SERVICE: \_\_\_\_\_

DUTY TITLE: \_\_\_\_\_ MOS: \_\_\_\_\_

UNIT: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_

CONTACT PHONE: DAY \_\_\_\_\_ EVENING: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_@mail.mil

2. I realize that after the surgery, the SM will have the following profile for a minimum of **30 days**: NO FIELD DUTY, AIRBORNE OPS, SWIMMING OR SCUBA, TACTICAL NIGHT OPS, GAS MASK, CAMMO FACE PAINT, and DRIVING MILITARY VEHICLES. SUN-GLASSES MAY BE WORN AS NEEDED INDOORS AND OUTDOORS FOR **90 DAYS**. NO PHYSICAL TRAINING FOR 14 DAYS.

3. **I further realize that the Soldier must remain CONUS for at least 90 days following refractive surgery.**

4. The SM will be on unit convalescent leave for 6 days following surgery and must keep all follow-up appointments with the Warfighter Refractive Eye Surgery Clinic to avoid potential complications.

5. The SM must have **6** months remaining on station and have a minimum of **6** months active duty service commitment remaining from surgery date. ETS date must be verified by official document.

**I authorize the SM treatment in accordance with all information provided above. Additionally, I am aware that the Commander's signatures are only valid for 90 days.**

\_\_\_\_\_  
Company Commander's (O3) signature/date

\_\_\_\_\_  
Battalion Commander's (O5) signature/date

\_\_\_\_\_  
Company Commander's Name/Rank

\_\_\_\_\_  
Battalion Commander's Name/Rank

\_\_\_\_\_  
Company Commander's Telephone/E-mail

\_\_\_\_\_  
Battalion Commander's Telephone/E-mail

**REFRACTIVE SURGERY CHECKLIST (RSC)**

[ ] Flight Status            [ ] Non-Flight Status

**Service Member's Information:**

---

<b>Rank</b>	<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>DOD Number</b>
-------------	------------------	-------------------	-----------	-------------------

Service Member (SM) is at least 18 years old

Yes       No

SM has at least 6 months active duty service commitment remaining

Yes       No

Is the SM projected to PCS within 6 months?

Yes       No

Does the SM have any pending personnel actions/UCMJ/Flagged/Bar to Reenlist?

Yes       No

Does the SM have projected deployment dates/time frame?

Yes       No      *If yes, give dates/time frame* \_\_\_\_\_

Does the SM have projected JRTC/NTC dates/time frame?

Yes       No      *If yes, give dates/time frame* \_\_\_\_\_

Does the SM have projected school dates/time frame?

Yes       No      *If yes, give dates/time frame* \_\_\_\_\_

---

**First Sergeant Signature**

**Date**

---

<b>Rank</b>	<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Telephone Number</b>
-------------	------------------	-------------------	-----------	-------------------------