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, limbal relaxation incisions, thermokeratoplasty, intra-corneal 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 **disqualifying** for all initial flying exams. If you had punctal plugs inserted pre or post operatively, they **must be removed at least 30 days prior** to your evaluation. Failure to do so will **delay the processing** of your physical.

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

Date: _____

OD: Sph: _____ Cyl: _____ Axis: _____ 20/
OS: Sph: _____ Cyl: _____ Axis: _____ 20/

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:

	YES	NO		YES	NO
Glare/ghosting/halos	☐	☐	Double Vision: Difficulty	☐	☐
Dry Eye:	☐	☐	seeing at night:	☐	☐

Please explain all YES responses:

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