CORRECTIVE EYE SURGERY (PRK/LASIK/LASEK) WAIVER CRITERIA CHECKLIST

MUST BE COMPLETED BY YOUR EYE CARE PROFESSIONAL USING THIS CHECKLIST OR CASE WILL BE RETURNED WITHOUT ACTION FOR COMPLETION

APPLICANT'S NAME:		APPLICANT'S SSAN:		
over +5.50 exception.)	RATIVE REFRACTIVE ERRO FC1 or +8.00 FC1A/III or			
OD: By: OS: By:				
Sph:	CX:	Sph:	CX:	
	ERATIVE refractive error, Cycl thin three days of eye surgery.		ate:	
Sph:	CX:	Sph:	CX:	
	rected Distant Visual Acuity: rected Near Visual Acuity:	OD 20/ OD 20/	OS 20/ OS 20/	
3. THREE M (OD: By: OS: By:	ONTH POST-OPERATIVE re	fractive error, Cyclopl	egic Refraction: Date:	
Sph:	CX:	Sph:	CX:	
	rected Distant Visual Acuity: rected Near Visual Acuity:	OD 20/ OD 20/	OS 20/ OS 20/	
Must be no les OD: By: OS: By:	TH POST-OPERATIVE refracts than six months post eye sur	gery required for FC	IA.	
Sph:	CX:	Sph:	CX:	
	rected Distant Visual Acuity: rected Near Visual Acuity:	OD 20/ OD 20/	OS 20/ OS 20/	
	R POST Cycloplegic Refraction rear post eye surgery required			
Sph:	CX:	Sph:	CX:	
	rected Distant Visual Acuity: rected Near Visual Acuity:	OD 20/ OD 20/	OS 20/ OS 20/	
Evaluate/expla difficulty seein Explain any (Y				, diplopia: , ye pathology:
	for stable refraction – two cycle either eye. All must be 12 mor			apart with no more than
training. Note 1: All ev All pre/post ev	rective eye surgery UPT (Pilot) aluations noted above are man valuations must be submitted v ntire form should be completed	datory and must be o	completed by the eye care pr ge, or case will be returned.	
	& Stamp (Eye Care Professio	-		Date