



**TAC Officer ENDORSEMENT for**  
**REFRACTIVE SURGERY**  
**Cadet Refractive Eye Surgery Program**  
**Phone 845-938-2207**



MEMO for: Chief, Ophthalmology, KACH

SUBJECT: Tactical Officer's Endorsement of Refractive Eye Surgery

CADET:

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*SSN*

1. This cadet is interested in corneal refractive eye surgery to reduce his/her need for corrective lenses.
2. This cadet completed his/her first two years at the USMA & signed an active-duty obligation to the US Army or has 18 months left on a prior service active duty obligation.
3. This cadet is in good standing academically, militarily & physically:
  - a. No honor investigations pending.
  - b. No medical boards pending.
  - c. No academic boards pending.
  - d. No disciplinary probation.
  - e. No physical fitness probation.
4. After refractive surgery this cadet will receive a temporary profile:
  - a. Quarters for 1-4 days.
  - b. No written exams for one week.
  - c. No organized IOCT/APFT for one month (PT at own pace & distance).
  - d. No contact sports, boxing or combatives for one month.
  - e. No field duty, night operations or jumping for one month.
  - f. No wearing of protective NBC mask or face paint for one month.
  - g. No swimming, diving, firing weapons or driving military vehicles for one month.
  - h. Sunglasses MUST be worn outdoors & in bright lights for 3 months.
  - i. No deployments for 3 months after PRK or one month after LASIK.

NOTE: Sometimes these restrictions must be prolonged, depending on healing & recovery.

5. This cadet will make all follow-up appointments to ensure proper healing. Appointments are usually scheduled one day, one week, one month, 3 months, 6 months & 12 months after surgery.
6. Please notify us immediately if the cadet's circumstances change & he/she no longer meets the above criteria.
7. This endorsement is valid for 1 semester. If surgery cannot be performed within that semester, a new endorsement must be completed.
8. By signing below, I agree to comply with all the above statements.

**TAC Officer Signature Block**

\_\_\_\_\_  
*Name, Rank & Signature*

\_\_\_\_\_  
*Phone #*

\_\_\_\_\_  
*E-mail Address*

\_\_\_\_\_  
*Date of Signature*

\*This document may only be signed by an OFFICER in the cadet's tactical chain of command, (NCO signature is not accepted)